

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90110 012 ***150.00

DOCUMENT # J91043

1. Entity Name

MIAMI CANCER INSTITUTE & RESEARCH CENTER, INC.

Principal Place of Business

Mailing Address

7000 S.W. 62ND AVE., STE. 100
 SOUTH MIAMI FL 33143

P.O. BOX 143167
 CORAL GABLES FL 33114-3167
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, GEORGE M
741 N. GREENWAY DR.
CORAL GABLES FL 33134

Name **George M. SUAREZ**
 Street Address (P.O. Box Number is Not Acceptable)

7000 SW 62 AVE, Suite 100
 City **MIAMI** FL Zip **33143**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SUAREZ, GEORGE M.**
 STREET ADDRESS **741 N. GREENWAY DR.**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **George M. SUAREZ**
 STREET ADDRESS **7000 SW 62 AVE Suite 100**
 CITY-ST-ZIP **MIAMI, FL 33143** ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

(305) 7400994

Daytime Phone #

CR2E034 (9/99)