

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32646

1. Entity Name

VALLEJO SURGICAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 23 PM 12:49

00007440



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4765 W 8TH AVE
100 SE 2 ST #3600
HIALEAH FL 33012
US

Mailing Address
4765 W 8TH AVE
100 SE 2 ST #3600
HIALEAH FL 33012-3554
US

2. Principal Place of Business
4765 W 8 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
4765 W. 8 AVENUE
Suite, Apt. #, etc.

City & State
HIALEAH, FLORIDA

City & State
HIALEAH, FLORIDA

Zip
33012

Country
US

Zip
33012

Country
US

4. FEI Number 65-0070657

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALLEJO, JORGE A
4765 WEST 8TH AVE
THIRD FLOOR
HIALEAH FL 33012

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* (NOTE: Registered Agent signature required when restate) 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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALLEJO, JORGE			NAME			
STREET ADDRESS	4765 W. 8TH AVE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* 1/18/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #