

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90004 022 ***150.00

DOCUMENT # K36475

1. Entity Name

LEITE MEDICAL CENTER, INC.,

Principal Place of Business

**7270 N.W. 6TH STREET
 MIAMI FL 33126**

Mailing Address

**9120 S.W. 27 STREET
 MIAMI FL 33165**

2. Principal Place of Business

3934 SW 8 street

3. Mailing Address

3934 SW 8 st.

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0072061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, MERCEDES L.
 7270 N.W. 6TH STREET
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **Mercedes L. Garcia**
 Address (P.O. Box Number is Not Acceptable)
**3934 SW 8 st.
 # 303
 Coral Gables FL 33134**

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 **Mercedes L. Garcia**

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

(NOTE: Registered Agent signature required when reinstating)

Mercedes L. Garcia

7/6/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE **DPV** ☐ Delete
 NAME **GARCIA, MERCEDES L**
 STREET ADDRESS **7270 N.W. 6TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☐ Change ☐ Addition
 NAME **mercedes L. Garcia**
 STREET ADDRESS **3934 SW 8 st. #303**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Mercedes L. Garcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 447-0007

CR2E034 (5/01)



Attachment *ADW7279*

LEITE MEDICAL CENTER, INC.

3934 S.W. 8th STREET, SUITE 303, CORAL GABLES, FLORIDA 33134
PHONES: (305) 447-0007 • (305) 649-8829
FAX: (305) 774-7090

July 6, 2001

K36475

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE Leite Medical Center, Inc.

To Whom It May Concern:


Please be advised that we recieved a 2nd Notice for the annual report
On April 6, 2001 I sent check#4502 (copy of check enclsd)in payment
for the annual report, checking our banking records the check was never
cashed. I spoke to Tyron on 7/6/01 and he advised to send a check for
\$150.00 and the report and to PLEASE WAIVE THE LATE CHARGE.

Thank you for your attention to this matter,


Mercedes L. Garcia
for LMC, INC>

Attachment A00M279

K36475

LEITE MEDICAL CENTER, INC. PH. 305-447-0007 3934 SW 8TH ST., SUITE 303 CORAL GABLES, FL 33134		4502	
<i>State of Florida</i>		<i>4/10/09</i>	
<i>One hundred fifty</i>		<i>150.00</i>	
 TRANSATLANTIC BANK NATIONAL OFFICE 1225 W. 40TH ST. MIAMI, FLORIDA 33132		<i>NOT NEGOTIABLE</i>	
<i>Corporate</i>		<i>2001 Report</i>	
<i>0004502</i>		<i>00670118251: 6051255905</i>	