

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90108 002 ***150.00

DOCUMENT # L00869

1. Entity Name

MEDICAL FRATERNITY OF 1948, INC.

Principal Place of Business

**6910 LEONARDO ST
CORAL GABLES FL 33146
US**

Mailing Address

**6910 LEONARDO ST
CORAL GABLES FL 33146
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0265489

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

**MARRERO, EMILIO N.
6910 LEONARDO ST.
CORAL GABLES FL 33146**

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, 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
PC MARRERO, EMILIO N. 6910 LEONARDO ST. CORAL GABLES FL 33146		
V MAS, ILDEFONSO R. 3659 S. MIAMI AVE. MIAMI FL		
S KREDI, RAMON 3661 S. MIAMI AVE. MIAMI FL		
T HORTA, RICARDO G. 8356 SW 58TH ST. MIAMI FL		
M SANCHEZ, RENE T. 1290 NE 83RD ST. MIAMI FL		
M MARTINEZ, GERARDO H M.D. 10352 S.W. 134TH PLACE MIAMI FL 33186		

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILIO N. MARRERO, M.D.

4/9/2,002 (305) 667-6392

Date

Daytime Phone #

CR2E034 (9/01)