## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

THIE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

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Name

City

## **DOCUMENT # L41948** 1. Entity Name ROSENDO V. DE POSADA MEDICAL OFFICE, CORP. Mailing Address Principal Place of Business 615 SW 57 AVE. 615 SW 57 AVE. MIAMI FL 33144-3970 MIAMI FL 33144-3970

2. Principal Place of Business

9620 SW 58 ST **MIAMI FL 33175**  Country

DE POSADA, ROSENDO VALDES

9. This corporation is eligible to satisfy its Intangible

DE POSASA, ROSENDO V.

DE POSADA. ILIANA VALDES

9620 S W 58TH ST.

9620 S W 58TH ST.

Tax filing requirement and elects to do so.

(See criteria on back)

**PTD** 

MIAMI FL

MIAMI FL

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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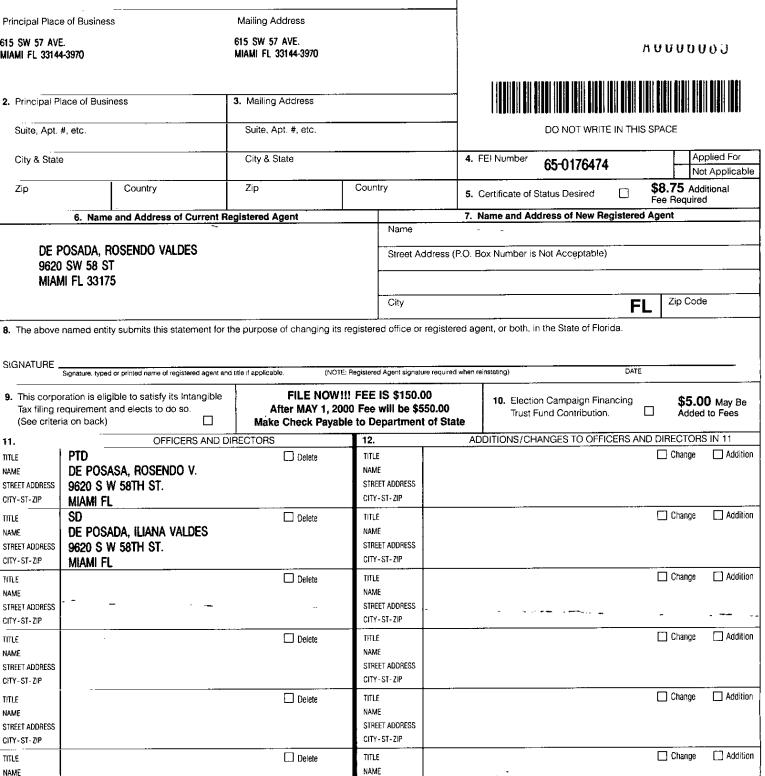
TITLE

NAME

11.

## **FILED** Jan 21, 2000 8:00 am Secretary of State

01-21-2000 90046 016 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING O