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FILED
Mar 12, 2001 8:00 am
Secretary of State

02-20-2001 90072 049 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53183

1. Entity Name

CHILDREN'S CENTER FOR GASTROENTEROLOGY & NUTRITI

Principal Place of Business	Mailing Address
1150 N 35TH AVE S545 HOLLYWOOD FL 33021 US	1150 NORTH 35TH AVE S545 HOLLYWOOD FL 33021 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 65-0180618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DIAZ, ALBERT~~
~~7855 NW 12 ST.~~
~~#202~~
~~MIAMI FL 33126~~
← Remove

7. Name and Address of New Registered Agent

Name MARIO TANO
Street Ad 1150 N. 35th AVE
SUITE 545
City Hollywood, Fl. 33021

8. The above named entity submits this statement for the purpose of changing its registered office or

SIGNATURE X [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatu

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, 2001 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	PDTS TANO, MARIO 1150 N 35 AVE, SUITE 545 HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANO, PATRICIA 1150 N 35 AVE, SUITE 545 HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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

Date

954-967-9400
Daytime Phone #