

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 25 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007829

1. Entity Name
EVEREST MEDICAL L.C.

Principal Place of Business

2585 N.W. 74TH AVE.
MIAMI FL 33122

Mailing Address

2585 N.W. 74TH AVE.
MIAMI FL 33122-1417

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

65-0971403

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPOZSGAY, GEORGE ESQ.
2950 S.W. 27TH AVE., SUITE 210
MIAMI FL 33133

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME ALBERTO OTERO MGRM
STREET ADDRESS Calle Toledo 43
CITY-ST-ZIP Luna Vieja, Betnalmadena
29639 Malaga-Spain

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

TITLE ☐ Delete
NAME VICE PRESIDENT
STREET ADDRESS ORESTES HERNANDEZ MGRM
CITY-ST-ZIP 8864 DW. 1105t
MIAMI, FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003297143--1
CITY-ST-ZIP -06/20/00--01052--021
*****50.00 *****50.00

TITLE ☐ Delete
NAME SECRETARY
STREET ADDRESS LAURA DEL RIO PEREZ MGRM
CITY-ST-ZIP 1560 Agua Ave.
Coral Gables, FL 33156

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

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS MANUEL PEREZ MGRM
CITY-ST-ZIP 1560 Agua Ave.
Coral Gables, FL 33156

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/00

(305) 594-3338

Date

Daytime Phone #

CR2E083 (9/99)