

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90123 049 \*\*\*150.00

**DOCUMENT # N00000007575**

1. Entity Name

**CARIBBEAN CARDIOVASCULAR CONSULTING SERVICES, IN**

Principal Place of Business

14902 SW 74TH PLACE  
 MIAMI FL 33158

Mailing Address

14902 SW 74TH PLACE  
 MIAMI FL 33158

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**GELBER & COMPANY**  
 285 N.W. 199th STREET, #204  
 MIAMI, FL 33169



DO NOT WRITE IN THIS SPACE

City & State

City & State MIAMI, FL 33169

4. FEI Number

65-1056944

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AKINS, CHRIS**  
 14902 SW 74TH PLACE  
 MIAMI FL 33158

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME PRESIDENT/DIRECTOR ☐ Delete  
 CHRIS AKINS  
 STREET ADDRESS 14902 SW 74TH PLACE  
 CITY-ST-ZIP MIAMI, FL 33158

TITLE NAME VICE PRES/DIRECTOR ☐ Delete  
 JONATHAN ROBERTS  
 STREET ADDRESS 10441 SW 121 STREET  
 CITY-ST-ZIP MIAMI, FL 33176

TITLE NAME SECT/TREAS/DIRECTOR ☐ Delete  
 ELIZABETH AKINS  
 STREET ADDRESS 14902 SW 74TH PLACE  
 CITY-ST-ZIP MIAMI, FL 33158

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (10/00)