2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008878

1. Entity Name: MIAMI MINORITY HEALTH CENTER INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
868 SW 1st St	868 SW 1st St	65-1075580	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: MIAMI FL	City & State: MIAMI FL		
Zip: 33130 Country: MIAMI-DADE	Zip: 33130 Country: MIAMI-DADE	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARTA ESCALONA

Street Address (P.O. Box Number is Not Acceptable): 868 SW 1st St

City: MIAMI FL Zip Code: 33130

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: X _____ 9/10/03
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	MARTA ESCALONA
STREET ADDRESS	868 SW 1st St
CITY-ST-ZIP	MIAMI FL 33130
TITLE	VPD
NAME	LUIS-BALTAZAR
STREET ADDRESS	868 SW 1st St
CITY-ST-ZIP	MIAMI FL 33130
TITLE	Secretary
NAME	Odelaysis Saco
STREET ADDRESS	868 SW 1st St
CITY-ST-ZIP	MIAMI FL 33130
TITLE	Member
NAME	Eufalia Fraiser
STREET ADDRESS	868 SW 1st St
CITY-ST-ZIP	MIAMI FL 33130
TITLE	Member
NAME	Adan Jimeno
STREET ADDRESS	868 SW 1st St
CITY-ST-ZIP	MIAMI FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	200023488762 10/01/03--01047--025 **250.00
NAME	
STREET ADDRESS	200023488762 10/01/03--01047--026 **150.00
CITY-ST-ZIP	
TITLE	200023488762 10/01/03--01047--027 **150.00
NAME	
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #