

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90050 039 ****61.25

DOCUMENT # N40470
1. Entity Name
FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.

Principal Place of Business 12493 SW 9 STREET MIAMI FL 33165	Mailing Address 12493 SW 9TH ST MIAMI FL 33184 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SAUD, MELBA P.
12493 SW 9TH ST
MIAMI FL 33184

4. FEI Number
65-0239795

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SIGARROA, MIRIAM	
STREET ADDRESS	8760 SW 133RD AVENUE ROAD, APT. 218	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOZANO, RAUL	
STREET ADDRESS	600 E. 45 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DPV	<input type="checkbox"/> Delete
NAME	SAUD, ANTONIO	
STREET ADDRESS	3630 SW 87 PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERAZA, LUCIA N	
STREET ADDRESS	470 WEST 38TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINTANA, JOSE	
STREET ADDRESS	600 E. 45 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMARES, CARLOS	
STREET ADDRESS	2761 SW 7 ST.	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED** *[Signature]* **01/07/02** **305-559-9957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/01)