

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90076 035 \*\*\*\*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**

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 **65-0239795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SAUD, MELBA P.  
12493 SW 9TH ST  
MIAMI FL 33184**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	SIGARROA, MIRIAM	
STREET ADDRESS	8760 SW 133RD AVENUE ROAD, APT. 218	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	Delete
NAME	LOZANO, RAUL	
STREET ADDRESS	600 E. 45 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DPV	Delete
NAME	SAUD, ANTONIO	
STREET ADDRESS	3630 SW 87 PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	Delete
NAME	PERAZA, LUCIA N	
STREET ADDRESS	470 WEST 38TH PLACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	Delete
NAME	QUINTANA, JOSE	
STREET ADDRESS	600 E. 45 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	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		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	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**

Date

Daytime Phone #

**1/8/03 305-559-9744**

CR2E037 (10/02)