

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90201 035 \*\*\*\*\*61.25

**DOCUMENT # N46705**

1. Entity Name  
**PERUVIAN AMERICAN MEDICAL SOCIETY, INC. SOUTH FL  
ORIDA CHAPTER**



Principal Place of Business  
**2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024  
US**

Mailing Address  
**2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0310720**

Applied For  
Not Applicable

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

**TAMAYO, ANA M M.D.  
2472 NORTH UNIVERSITY DR  
PEMBROKE PINES FL 33024**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **PO  
KOO, VICTOR** ☐ Delete  
STREET ADDRESS **4415 WOODFIELD BLVD**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  
NAME **COQUIS ROBERTO** ☒ Change ☐ Addition  
STREET ADDRESS **3200 N. OCEAN BLVD STE 2808**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE  
NAME **COQUIS, ROBERTO** ☒ Delete  
STREET ADDRESS **3200 N OCEAN BLVD, STE 2808**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE  
NAME **PRESIDENT ELECT** ☐ Change ☒ Addition  
STREET ADDRESS **LUIS ESPINOZA**  
CITY-ST-ZIP **2473 SW. 132 WAY  
DAVIE FL 33325**

TITLE  
NAME **SD  
YENTON, SALAZAR** ☒ Delete  
STREET ADDRESS **4416 WOODFIELD BLVD**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  
NAME **SECRETARY** ☐ Change ☒ Addition  
STREET ADDRESS **MARIO RUB**  
CITY-ST-ZIP **20776 W Dixie Hwy  
AVENTURA, FL 33180**

TITLE  
NAME **TAMAYO, ANA** ☐ Delete  
STREET ADDRESS **2472 NORTH UNIVERSITY DR**  
CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
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 REQUIRED**

5/11/03

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CR2E037 (10/02)