

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90224 011 ****61.25

DOCUMENT # N93000004559

1. Entity Name

MEDICAL GRADUATES PHYSICIAN ASSISTANT ASSOCIATION, INC.

Principal Place of Business

6850 CORAL WAY
 SUITE 506
 MIAMI FL 33155
 US

Mailing Address

571 SW 71ST CT
 MIAMI FL 33144

2. Principal Place of Business

4771 NW 36 ST
 Suite, Apt. #, etc.
 220

3. Mailing Address

410 1300 SW 67th Ave
 Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, FL

Zip
 33166

Country
 USA

Zip
 33144

Country
 USA

4. FEI Number

65-0481775

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABEZA, MANUEL E ESQ
 44 W FLAGLER ST
 18TH FLOOR
 MIAMI FL 33130

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DEL OLMO, JOAQUIN	
STREET ADDRESS	10695 SW 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MUCHNIK, BURJ	
STREET ADDRESS	6850 CORAL WAY #506	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MENA, JOSE	
STREET ADDRESS	571 S.W. 71ST COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BERMUDEZ, LIDIA	
STREET ADDRESS	6850 CORAL WAY #506	
CITY-ST-ZIP	MIAMI FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	LACAYO, MARIANO	
STREET ADDRESS	6850 CORAL WAY #506	
CITY-ST-ZIP	MIAMI FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	SOPRINO, CECILIA	
STREET ADDRESS	6850 CORAL WAY #506	
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	
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)(l), 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: Stoogherude: d'AMOUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/02

305-888-8437

Date

Daytime Phone #

CR2E037 (9/01)