

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002071

1. Entity Name

GABLES RADIOLOGY RESEARCH AND EDUCATIONAL FOUNDA

Principal Place of Business

Mailing Address

5000 UNIVERSITY DR
CORAL GABLES FL 33146

PO BOX 430793
MIAMI FL 33243-0793

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169

4. FEI Number

65-0594385

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

Sotolongo
SOTOLONGO, ISELA
4649 PONCE DE LEON BLVD
CORAL GABLES FL 33146

Name

ISELA SOTOLONGO

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RODRIGUEZ, DR. J.A. PO BOX 430793 MIAMI FL 33243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DEPRIMA, DR. STEVEN J PO BOX 430793 MIAMI FL 33234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANGASARIAN, DR ROBERT PO BOX 430793 MIAMI FL 33234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGER, DR. ROBERT J PO BOX 430793 MIAMI FL 33234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SOTOLONGO, ISELA PO BOX 430793 MIAMI FL 33234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90040 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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650 6413