

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90784 043 ****61.25

DOCUMENT # N96000002347

1. Entity Name

VENEZUELAN AMERICAN MEDICAL ASSOCIATION, INC.



Principal Place of Business

**201 N PINE ISLAND
PLANTATION FL 33324
US**

Mailing Address

**P O BOX 15460
PLANTATION FL 33318
US**

2. Principal Place of Business

350 N.W. 84th AVENUE

3. Mailing Address

350 N.W. 84th AVENUE

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

33324

Country

U.S.A.

Zip

Country

4. FEI Number **65-0685017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VAISMAN, ISAAC

**201 NORTH PINE ISLAND RD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

VAISMAN, ISAAC

Street Address (P.O. Box Number is Not Acceptable)

350 N.W. 84th AVENUE

City

SUITE 102

PLANTATION, FL

Zip Code

33324

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

3-6-03

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 NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, DIEGO M 10457 N.W. 56TH TERR. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSTAMANTE, CARLOS M 168 N.W. 2TH AVE., #606 N. MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESPINOSA, RICARDO 13280 S.W. 101TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAISMAN, ISAAC M 201 N PINE ISLAND RD PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENMAYOR, JOAQUIN M 1350 S.W. 57TH AVE. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTMANN, RENE M 8950 N. KENDALL DR., STE. 301 MIAMI FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

3-6-03 (954) 3707555

CR2E037 (10/02)