

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002321

1. Entity Name

CENTRAL AMERICAN MEDICAL SOCIETY, INC

Principal Place of Business

1551 SAN REMO  
CORAL GABLES FL 33146

Mailing Address

1551 SAN REMO  
CORAL GABLES FL 33146-3008

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LACAYO, ALVARO  
1551 SAN REMO  
CORAL GABLES FL 33146

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 ☐ Delete

NAME  
LACAYO, ALVARO  
STREET ADDRESS  
1551 SAN REMO  
CITY-ST-ZIP  
CORAL GABLES FL 33146

TITLE ☒ Delete

NAME  
VD  
ESCAPINI, HUMBERTO  
STREET ADDRESS  
1551 SAN REMO  
CITY-ST-ZIP  
CORAL GABLES FL 33146

TITLE ☒ Delete

NAME  
TD  
BEFELER, BENJAMIN  
STREET ADDRESS  
1551 SAN REMO  
CITY-ST-ZIP  
CORAL GABLES FL 33146

TITLE ☐ Delete

NAME  
SD  
REYNA, ROBERTO  
STREET ADDRESS  
1551 SAN REMO  
CITY-ST-ZIP  
CORAL GABLES FL 33146

TITLE ☒ Delete

NAME  
D  
ALVAREZ, CARLOS E  
STREET ADDRESS  
1551 SAN REMO  
CITY-ST-ZIP  
CORAL GABLES FL 33146

TITLE ☒ Delete

NAME  
D  
LUGO, JUAN J  
STREET ADDRESS  
1551 SAN REMO  
CITY-ST-ZIP  
CORAL GABLES FL 33146

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
Vice President  
Dr. Carlos E. Alvarez ☒ Change ☐ Addition  
STREET ADDRESS  
3661 S. MIAMI AVE #1006  
CITY-ST-ZIP  
MIAMI, FL 33133

TITLE ☐ Change ☐ Addition

NAME  
Treasurer  
Dr. Juan J. Lugo ☒ Change ☐ Addition  
STREET ADDRESS  
8955 SW 87CT #210  
CITY-ST-ZIP  
MIAMI, FL 33176

TITLE ☐ Change ☐ Addition

NAME  
Dr. Frank Medina ☐ Change ☒ Addition  
STREET ADDRESS  
2080 SW 59TH AVE  
CITY-ST-ZIP  
Plantation, FL 33317

TITLE ☐ Change ☐ Addition

NAME  
Dr. Constantino Costarano ☐ Change ☒ Addition  
STREET ADDRESS  
9549 Sunset Dr  
CITY-ST-ZIP  
MIAMI, FL 33173

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 information empowered.

SIGNATURE:

SIGNATURE REQUIRED

ALVARO LACAYO

1-04-00-305-6658131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)