

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-19-2001 90041 002 ****61.25

DOCUMENT # N97000002321

1. Entity Name

CENTRAL AMERICAN MEDICAL SOCIETY, INC

Principal Place of Business

Mailing Address

1551 SAN REMO
CORAL GABLES FL 33146
1551 SAN REMO
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0768729

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LACAYO, ALVARO
1551 SAN REMO
CORAL GABLES FL 33146

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	P	<input type="checkbox"/> Delete
NAME	LACAYO, ALVARO	
STREET ADDRESS	1551 SAN REMO	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALVAREZ, CARLOS E DR	
STREET ADDRESS	3661 S. MIAMI AVE # 1008	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUGO, JUAN J DR	
STREET ADDRESS	8955 SW 87 CT # 210	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYNA, ROBERTO	
STREET ADDRESS	1551 SAN REMO	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, FRANK D	
STREET ADDRESS	2080 SW 59TH AVE.	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTARANGOS, CONSTANTINE DR	
STREET ADDRESS	8549 SUNSET A	
CITY - ST - ZIP	MIAMI FL 33173	

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)(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 687, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

3.2201 **3056648131**