

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90103 022 ****61.25

DOCUMENT # N99000004580

1. Entity Name

LATIN SOCIETY OF PEDIATRIC CARDIOLOGY INCORPORAT

Principal Place of Business

Mailing Address

% UNIVERSITY OF MIAMI SCHOOL OF MEDICINE.J
ACKSON MEMORIAL MED.CNTR E. TOWER.RM.5043
MIAMI FL 33136

P.O. BOX 016960(R-76)
MIAMI FL 33101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0990192

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

Name

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

City

FL

Zip Code

MONTOTO, TEDDY L
7721 S.W. 62ND.AVE.,STE.101
SO. MIAMI FL 33143

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 D ☐ Delete
NAME FERRER, PEDRO L M.D.
STREET ADDRESS JACKSON MEMORIAL MED. CNTR.,E.TOWER,RM5043
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☐ Delete
NAME DE MACEDO, ICARO LEANDRO DR.
STREET ADDRESS APRTADO 7524,ZONA 5.
CITY-ST-ZIP PANAMA,PANAMA C.A.

TITLE D ☐ Delete
NAME ATIK, EDMAR DR.
STREET ADDRESS RUA 13 DE MAIO,1954 C.J. 71
CITY-ST-ZIP SAO PAULO 01327, BRAZIL

TITLE D ☐ Delete
NAME SANCHEZ, PEDRO ANTONIO DR.
STREET ADDRESS AV. FILIPINAS,1-2 B
CITY-ST-ZIP MADRID 28003, SPAIN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

I certify that the information provided 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 entity; and that I am duly 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 OF REGISTERED AGENT
PETER FERRER, M.D.
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE
PEDIATRIC CARDIOLOGY (R76)
P.O. BOX 016960, MIAMI, FL 33101

4.24.2000 (305) 585-6683

Date

Daytime Phone #

CR2E037 (9/99)