

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/8/

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

03-08-2001 90136 010 \*\*\*150.00

**DOCUMENT # P00000002448**

1. Entity Name

**ALLAPATTAH 2000 MEDICAL CENTER INC.**

Principal Place of Business

Mailing Address

**3401 NORTHWEST 17TH AVENUE  
 MIAMI FL 33142**

**3401 NORTHWEST 17TH AVENUE  
 MIAMI FL 33142**

2. Principal Place of Business

**2360 NW 36 ST**

3. Mailing Address

**PO Box 350338**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0976080**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Julio GARCIA**

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

**2360 NW 36 ST**

City

**MIAMI**

**FL**

Zip Code

**33142**

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

*James*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**PSTD  
 NAME GARCIA, JULIO  
 STREET ADDRESS 3401 NORTHWEST 17TH AVENUE  
 CITY-ST-ZIP MIAMI FL 33142**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**PSTD  
 NAME GARCIA, JULIO  
 STREET ADDRESS 2360 NW 36 ST  
 CITY-ST-ZIP MIAMI FL 33142**

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-1-01 305-634 808**

CR2E034 (10/00)