

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

02-01-2001 90167 027 ***150.00

0142

DOCUMENT # P00000013269

1. Entity Name

HECTOR B. JIMENEZ, M.D., P.A.

Principal Place of Business

Mailing Address

1321 NW 14 ST, SUITE 305
 MIAMI FL 33125

1321 NW 14 ST, SUITE 305
 MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

FEI Number

65-0985536

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

JIMENEZ, HECTOR B
1321 NW 14 ST, SUITE 305
MIAMI FL 33125

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JIMENEZ, HECTOR B	
STREET ADDRESS	1321 NW 14 ST, SUITE 305	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/25/01 (305) 325-0913

CR2P034 (10/00)

Attachment Doc# P 00000013269
45514

© 1997 INUIT INC. # 392 7-800-433-8610

HECTOR JIMENEZ, M.D.
1321 NW 14TH STREET, SUITE 305
CEDARS WEST BUILDING
MIAMI, FL 33125

BANK OF AMERICA, NA
MIAMI, FL 33131
63-27/631

8308

PAY TO THE ORDER OF Department of State

One Hundred Fifty and 00/100***** \$ **150.00

Department of State

01/24/2001

DOLLARS
Security Features
Look for
Hologram on back.

MEMO Doc #P00000013269

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