

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027588

1. Entity Name

EXCELLENCE MEDICAL OFFICE, INC.

Principal Place of Business

4446 SW 9TH LANE
MIAMI FL 33134

Mailing Address

4446 SW 9TH LANE
MIAMI FL 33134

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

CINMAN, NORMA
15501 SW 144TH COURT
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name MIGUEL A. CAMPS

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

4446 SW 9TH LANE

City MIAMI

FL

Zip Code 33134

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

TITLE PD
NAME CAMPS, MIGUEL
STREET ADDRESS 4446 SW 9TH LANE
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE VD
NAME POOL, MABEL
STREET ADDRESS 1024 SW 42 AVE, APT A
CITY-ST-ZIP MIAMI FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

MIGUEL A. CAMPS

04/17/01

(305) 223-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90006 032 ***150.00

643219



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-1003594 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

0199123

CR2E034 (10/00)