

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90249 017 ***150.00

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

2500 SW 107 Ave

Suite, Apt. #, etc.

40

City & State

Miami Fla.

Zip

33165

Country

USA

3. Mailing Address

2500 SW 107 Ave

Suite, Apt. #, etc.

40

City & State

miami fl

Zip

33165

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003594

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPS, MIGUEL A
4446 SW 9TH LANE
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name: **MIGUEL CAMPS**

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

1024 SW 42 AVE APT #A

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, 2002 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** ☐ **Delete**
NAME **CAMPS, MIGUEL**
STREET ADDRESS **4446 SW 9TH LANE**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

04/15/02 (305) 223 1680
 Date Daytime Phone #

CR2E034 (9/01)