

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90027 023 ***150.00

DOCUMENT # P00000028939

1. Entity Name

GASTROENTEROLOGY PARTNERS RESEARCH GROUP, INC.

Principal Place of Business

4045 SHERIDAN AVE. SUITE 180
MIAMI BEACH FL 33140

Mailing Address

4045 SHERIDAN AVE. SUITE 180
MIAMI BEACH FL 33140

939878

2. Principal Place of Business

4800 SW 8th Street

3. Mailing Address

4800 SW 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-1007306

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

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

BEHAR, SIMON
4800 SW 8TH ST
MIAMI FL 33134

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 PD
NAME BEHAR, SIMON
STREET ADDRESS 4045 SHERIDAN AVE, SUITE 180
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE
NAME BEHAR, Simon
STREET ADDRESS 4800 SW 8th Street
CITY-ST-ZIP MIAMI, FL 33134 ☒ Change ☐ Addition

TITLE SD
NAME HERNANDEZ, EUGENIO J
STREET ADDRESS 4045 SHERIDAN AVE, SUITE 180
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE
NAME Hernandez, Eugenio J
STREET ADDRESS 4800 SW 8th Street
CITY-ST-ZIP MIAMI, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/29/01

Date

(305)441-1570

Daytime Phone #

CR2E034 (10/00)