

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90192 041 ***150.00

DOCUMENT # P00000057863

1. Entity Name
U.S. MEDICAL ASSOCIATION, INC.

Principal Place of Business

9755 SW 164 STREET
MIAMI FL 32157

Mailing Address

9755 SW 164 STREET
MIAMI FL 32157

2. Principal Place of Business

6850 CORAL Way

Suite, Apt. #, etc.

501

City & State

Miami Florida

Zip

33155

Country

U.S.A.

3. Mailing Address

6850 CORAL Way

Suite, Apt. #, etc.

501

City & State

Miami FL

Zip

33155

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1020801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ALEJANDRO
9755 SW 164 STREET
MIAMI FL 32157

7. Name and Address of New Registered Agent

Name

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

6850 CORAL Way Ste 501

City

Miami

FL

Zip Code

33155

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 GONZALEZ, ALEJANDRO
STREET ADDRESS 9755 SW 164 STREET
CITY-ST-ZIP MIAMI FL 32157 ☐ Delete

TITLE STD
NAME GONZALEZ, RAUL
STREET ADDRESS 9755 SW 164 STREET
CITY-ST-ZIP MIAMI FL 32157 ☐ Delete

TITLE VPD
NAME VALLINA, CARLOS D
STREET ADDRESS 9755 SW 164 STREET
CITY-ST-ZIP MIAMI FL 32157 ☐ 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 6850 CORAL Way #501
STREET ADDRESS MIAMI FL 33155 ☒ Change ☐ Addition

TITLE
NAME 6850 CORAL Way #501
STREET ADDRESS MIAMI FL 33155 ☒ Change ☐ Addition

TITLE
NAME 6850 CORAL Way #501
STREET ADDRESS MIAMI FL 33155 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)