

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000075849**

1. Entity Name

SANTA LOURDES MEDICAL CARE, INC.**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90065 019 ***150.00

0081544

Principal Place of Business

5851 W 20TH AVE #413
HIALEAH FL 33012

Mailing Address

5851 W 20TH AVE #413
HIALEAH FL 33012**00027631**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

330 SW 27th Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-1033176

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

HERRERA, CIRILO
3326 FLAGLER AVE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBO, CECILIO	
STREET ADDRESS	5851 W 20TH AVE #413	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACOBO, ANA H	
STREET ADDRESS	5851 W 20TH AVE #413	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3-19-2001

Date

(305) 649-0073

Daytime Phone #

CR2E034 (10/00)