

2001 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT #P00000079878

1. Entry Name

H & L MEDICAL CENTER, INC

FILED

01 MAY 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2750 W 68 St Ste. 224
Hialeah, FL 33016

Mailing Address
2750 W 68 St Ste. 224
Hialeah, FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~PORRO, ODALYS B.~~
~~2750 West 68 Street~~
~~Ste 224~~
~~Hialeah, FL 33016~~

7. Name and Address of New Registered Agent

Name
DEL PINO, LUIS
Street Address (P.O. Box Number is Not Acceptable)
2750 W 68 St
Ste 224
City
HIALEAH FL Zip Code
33016

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!!!
After MAY 1, 2001
Fee IS \$150.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P DEL PINO, LUIS 2750 West 68 Street Hialeah, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS 000004287400-3 -05/22/01--01076--001 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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

LUIS DEL PINO

Date

4/21/01

Daytime Phone #

(305) 558 8087

CR2E034 (11/00)

M & M ACCOUNTING SERVICE
5370 Palm Ave Ste.9
Hialeah, FL 33012
Tel:(305)557-1662

202

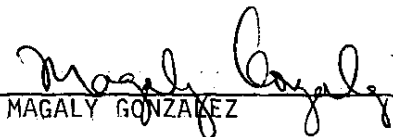
May 14, 2001

Department: of State
Division of Corporations

Re: Document No. P00000079878

To whom it may concern,
This letter is on behalf of my client H & L MEDICAL CENTER, INC. They never received their 2001 Annual Report. We used one of the blank forms you had sent us for them to send it to you, but in the last minute rush we made a mistake and instead of addressing the envelope to you, it was addressed to themselves, so the report went back to their office.
Please accept our apology and accept the payment for my client.

Thank you,


MAGALY GONZALEZ