

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086832

1. Entity Name

BRICENO MEDICAL CONSULTANTS, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90103 012 ***150.00

Principal Place of Business

Mailing Address

16172 LAUREL DR.
WESTON FL 33326

~~16172 LAUREL DR.~~
~~WESTON FL 33326~~

2. Principal Place of Business

674 LONE PINE LANE

3. Mailing Address

674 LONE PINE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL.

City & State

WESTON, FL.

4. FEI Number

65-1039367

Applied For

Not Applicable

Zip

Country

33327

U.S.

Zip

Country

33327

U.S.

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

~~BRATTER, JOSHUA P.~~
~~777 17 ST. PENTHOUSE SUITE~~
~~MIAMI BEACH FL 33139~~

Name

ANTONIO BRICENO

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

~~16172~~ 674 LONE PINE LANE

City

WESTON

FL

Zip Code

33327

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

1/12/01

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 ☐ Delete
NAME D
STREET ADDRESS BRICENO, ANTONIO
CITY-ST-ZIP 16172 LAUREL DR.
WESTON FL 33326

TITLE ☒ Change ☐ Addition
NAME D.P.T.S.
STREET ADDRESS ANTONIO BRICENO
CITY-ST-ZIP 674 LONE PINE LANE
WESTON, FL. 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

1/12/01

CR2E034 (10/00)