

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099934

1. Entity Name

AVANTI MEDICAL BILLING, CO.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90059 016 ***150.00

Principal Place of Business

11424 NW 88TH AVENUE
HIALEAH GARDENS FL 33018

Mailing Address

11424 NW 88TH AVENUE
HIALEAH GARDENS FL 33018

2. Principal Place of Business

4717 NW 7 ST
Suite, Apt. #, etc.
402

3. Mailing Address

4717 NW 7 ST
Suite, Apt. #, etc.
402

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1052407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUENAS, DOMINGO A
11424 NW 88TH AVENUE
HIALEAH GARDENS FL 33018

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME DUEN, DOMINGO A
STREET ADDRESS 11424 NW 88TH AVENUE
CITY-ST-ZIP HIALEAH GARDENS FL 33018

☐ Delete

TITLE VD
NAME DALACIOS, JUAN O R
STREET ADDRESS 132 SUNSET COVE LANE
CITY-ST-ZIP WEST PALM BEACH FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DUENAS, DOMINGO A.
STREET ADDRESS 4717 NW 7 ST apt #402
CITY-ST-ZIP Miami, FL 33126

☒ Change ☐ Addition

TITLE VD
NAME DALACIOS JUAN R.
STREET ADDRESS 4717 NW 7 ST apt #402
CITY-ST-ZIP Miami, FL 33126

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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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

04/15/01

(205) 243-1235

Date

Daytime Phone #

CR2E034 (10/00)