

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90136 038 ***150.00

DOCUMENT # P000000102160 ✓
1. Entity Name
Miami Centro Hispano Medical Group, Inc.

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| | |
|---|---|
| 2. Principal Place of Business <u>5829 SW 8 Street</u> Suite, Apt. #, etc. | 3. Mailing Address <u>5829 SW 8 Street</u> Suite, Apt. #, etc. |
|---|---|

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|--|--|--|--|
| City & State <u>Miami, Florida</u> | City & State <u>Miami, Florida</u> | 4. FEI Number <u>65-1051970</u> | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip <u>33144</u> | Country <u>Dade</u> | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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7. Name and Address of Current Registered Agent

Name Asmer Monterrey
Street Address (P.O. Box Number is Not Acceptable)
1507 SW 104 Place
City Miami **FL** **Zip Code** 33174

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] **DATE** 4-02-02
Signature, type, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>President</u> | NAME <u>Asmer Monterrey</u> | TITLE | |
| STREET ADDRESS <u>1507 SW 104 Place</u> | | STREET ADDRESS | |
| CITY-ST-ZIP <u>Miami, FL 33144</u> | | CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Asmer Monterrey **Date** 4-02-02 **Daytime Phone #** (305) 266-1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)