

2001 UNIFORM BUSINESS REPORT (UBR)

1-24-02

DOCUMENT # P00000113783

1. Entity Name
Onyx Medical Center Inc.

FILED
02 FEB -8 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8150 SW 8 STREET # 217
MIAMI, FLORIDA, 33144

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 **65-1060919** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

JOSE LUIS MONTES
1375 S.W. 75 AVE
MIAMI, FLA, 33144

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 *1-24-02* DATE

Signature, typed 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)

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	PSTD	<input type="checkbox"/> Delete
NAME	JOSE LUIS MONTES	
STREET ADDRESS	1375 SW 75 AVE.	
CITY-ST-ZIP	MIAMI, FLA 33144	
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		
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		

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]* **1-24-02 3052622315**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Attachment
Doc# P00000113783

Lat

Onlyx Medical Center Inc.

8150 S.W. 8th Street # 217

Miami - Florida - 33144

PHONE (305) 887-4139

January 24, 2002

DEPARTMENT OF STATE

REF: DOCUMENT # P00000113783

As per our phone conversation this note is to explain that I am late in the payment of the UBR of my corporation ONLYX MEDICAL CENTER INC. Because I have moved from the address that you have registered in your records, and I did not receive the forms.

Please take notice of my new address, I completely forgot about this until now that my bookkeeper told me to renew the UBR 2002.

PLEASE ACCEPT MY PAYMENT AND LATENESS I am sending the check # for \$300.00 that is payment for years 2001 and 2002.

THANKS FOR YOUR HELP.

ATTE.



JOSE LUIS MONTES
PRESIDENT