

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90228 033 ***150.00

DOCUMENT # P01000015196

1. Entity Name

A GYN. OF HIALEAH, INC.

Principal Place of Business

**3671 WEST 16TH AVENUE
HIALEAH FL 33012-4619**

Mailing Address

**3671 WEST 16TH AVENUE
HIALEAH FL 33012-4619**

2. Principal Place of Business

A GYN. OF HIALEAH, INC

3. Mailing Address

A GYN. OF HIALEAH, INC.

Suite, Apt. #, etc.

267 EAST 49TH. ST.

Suite, Apt. #, etc.

267 EAST 49TH. ST.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33013

Country

MIA-DADE

Zip

33013

Country

MIA-DADE

4. FEI Number

65-1086162

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, BELKIS

17900 SW 4TH COURT

PEMBROKE PINES FL 33029

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/02
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, 2002 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 **DP** ☐ Delete
NAME **BAZILE, FRANTZ**
STREET ADDRESS **17900 SW 4TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **DVT** ☐ Delete
NAME **SENISES, SIOMARA**
STREET ADDRESS **3500 FAIRFAX LANE**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **DS** ☐ Delete
NAME **GONZALEZ, BELKIS**
STREET ADDRESS **17900 SW 4TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

0/5 *1/28/02* *(305) 362-4611*
Date Daytime Phone #

CR2E034 (9/01)