

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90204 049 ***150.00

DOCUMENT # P01000015196

1. Entity Name

A GYN. OF HIALEAH, INC.



Principal Place of Business

267 EAST 49 STREET

HIALEAH FL 33012-4619

Mailing Address

267 EAST 49 STREET

HIALEAH FL 33012-4619

2. Principal Place of Business

3671 W. 16TH. AVE.

Suite, Apt. #, etc.

3. Mailing Address

3671 W. 16TH. AVE.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33012

Country

MIAMI-DADE

Zip

33012

Country

MIAMI-DADE

4. FEI Number

65-1086162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GONZALEZ, BELKIS

17900 SW 4TH COURT

PEMBROKE PINES FL 33029

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. 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

11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/03 305 362 4611

CR2E034 (10/02)