

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

DOCUMENT # P01000023563

1. Entity Name

B & R MEDICAL CENTER, INC.



FILED

03 MAR -3 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8150 S. W. 8th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 204

City & State

Miami, Florida

Suite, Apt. #, etc.

City & State

4. FEI Number

65-1082235

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33144

Country
Miami-Dade

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Manuel Sanchez

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

8150 S. W. 8th Street Suite 204

City

Miami

FL

Zip Code
33144

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 Manuel Sanchez

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/28/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
Manuel Sanchez
8150 S. W. 8th Street Suite 204
Miami, Florida 33144

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/03

(305) 266-0098