

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040388

1. Entity Name

AMARILIS Y. VAZQUEZ, M.D., P.A.

Principal Place of Business

16215 SW 139TH CT.
MIAMI FL 33145

Mailing Address

16215 SW 139TH CT.
MIAMI FL 33145

2. Principal Place of Business

16215 SW 139 CT.

Suite, Apt. #, etc.

3. Mailing Address

16215 SW 139 CT.

Suite, Apt. #, etc.

Miami FL.

City & State

Miami, FL

City & State

?

Zip

33177

Country

Zip

33177

Country

4. FEL Number

65-1115900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAZQUEZ, AMARILIS Y M.D.

16215 SW 139TH CT.

MIAMI FL 33145

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

(NOTE: Registered Agent Signature required when reinstating)

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 PSTD (Director of Medical Services) ☐ Delete
NAME VAZQUEZ, AMARILIS Y
STREET ADDRESS 16215 SW 139TH CT.
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 ANDRES VAZQUEZ
STREET ADDRESS 16215 SW 139 CT. (title: SECRETARY)
CITY-ST-ZIP MIAMI, FL 33177

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 305-338-2031

Date

Daytime Phone #

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-24-2002 90026 022 ***150.00

24280



CR2E034 (9/01)