

2002 UNIFORM BUSINESS REPORT (UBR)

0045252 AV

DOCUMENT # P01000069373

1. Entity Name
G & P MEDICAL SERVICES, CORP.

FILED

02 AUG 23 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~7017-D WEST FLAGLER STREET~~ ~~7317-B WEST FLAGLER STREET~~
MIAMI FL 33144 MIAMI FL 33144

2. Principal Place of Business 3. Mailing Address
13550 SW 88th Street 13550 SW 88th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 140-7 Suite 140-7
City & State City & State
Miami, Florida Miami, Florida
Zip Country Zip Country
33186 33186

4. FEI Number 65-1121020 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, GLADYS G
324 NW 114 AVENUE
#105
MIAMI FL 33172

7. Name and Address of New Registered Agent
Name MORENO, EDAS
Street Address (P.O. Box Number is Not Acceptable)
13550 SW 88th Street
Suite 140-7
City Miami FL Zip Code 33186

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 FORAS IA MORENO

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, GLADYS G.	
STREET ADDRESS	324 NW 114 AVENUE #105	
CITY-ST-ZIP	MIAMI FL 33172	
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	VP D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Gladys G.	
STREET ADDRESS	13550 SW 88th Street, #140-7	
CITY-ST-ZIP	Miami, Florida 33186	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edas Moreno	
STREET ADDRESS	13550 SW 88th St., #140-7	
CITY-ST-ZIP	Miami, Florida 33186	
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		

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****550.00 ****550.00

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)