

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90068 005 ***158.75

DOCUMENT # P01000073808

1. Entity Name

NEW LIFE CLINIC MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

**4315 N.W. 7TH STREET
 SUITE 38-39
 MIAMI FL 33126**

**4315 N.W. 7TH STREET
 SUITE 38-39
 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1126057

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

7. Name and Address of New Registered Agent

**FORTE, MIRIAM M
 4315 N.W. 7TH STREET
 SUITE 38-39
 MIAMI FL 33126**

Name

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

3750 West 16 Ave. # 114

City **Hialeah**

FL

Zip Code **33012**

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

Miriam Forte

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FORTE, MIRIAM M**
 STREET ADDRESS **4315 N.W. 7TH STREET #38-39**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **P** ☒ Change ☐ Addition
 NAME **Miriam M. Fortes**
 STREET ADDRESS **3750 West 16 Ave # 114**
 CITY-ST-ZIP **Hialeah FL 33012**

TITLE ☐ Delete
 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:

Miriam Forte
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

Date

Daytime Phone #

10/10/02