

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087011

1. Entity Name

WORK INJURY SOLUTIONS OF DADE COUNTY, INC.

Principal Place of Business

9415 SUNSET DR #195
MIAMI FL 33173

Mailing Address

9415 SUNSET DR #195
MIAMI FL 33173

2. Principal Place of Business

5201 NW 77 AVE

3. Mailing Address

5201 NW 77 AVE

Suite/Apt. #, etc.

100

Suite/Apt. #, etc.

100

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33146

Country

Zip

33146

Country

4. FEI Number

65-1138046

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMOS, PAUL

9415 SUNSET DR #195

MIAMI FL 33173

Name

PAUL RAMOS

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

5201 NW 77 AVE

SUITE 100

City

MIAMI

FL

Zip Code

33146

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 PD
NAME RAMOS, PAUL
STREET ADDRESS 9415 SUNSET DR #195
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE SD
NAME GUTIERREZ, GUSTAVO JR
STREET ADDRESS 9415 SUNSET DR #195
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RAMOS, PAUL
STREET ADDRESS 5201 NW 77 AVE #100
CITY-ST-ZIP MIAMI, FL 33146 ☒ Change ☐ Addition ADDRESS

TITLE SD
NAME GUTIERREZ JR., GUSTAVO
STREET ADDRESS 5201 NW 77 AVE #100
CITY-ST-ZIP MIAMI, FL 33146 ☒ Change ☐ Addition ADDRESS

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

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

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

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

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 registered 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

PAUL RAMOS
PRESIDENT

3/14/02 3055931973

Date

Daytime Phone #

CR2E034 (9/01)

0273287 AV

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90560 001 *****8.75

04-03-2002 90560 002 ***150.00

