

# 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000090635

1. Entity Name

FIRST CLASS MEDICAL CENTER, INC.

Principal Place of Business

1350 EAST 4TH AVE.  
HIALEAH FL 33010

Mailing Address

1350 EAST 4TH AVE.  
HIALEAH FL 33010

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

65-1142082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMARILLO SILVEIRA, CARLOS F  
601 NW 42ND AVE.  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

FERNANDO CARBONELL

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

1350 E 4 AVE.

City

HIALEAH, FL.

FL

Zip Code

33010

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

*[Signature]*

FERNANDO CARBONELL (PRES)

7/15/02

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 NAME PVST  
FERNANDEZ, DALIA ☒ Delete  
STREET ADDRESS 1350 E. 4TH AVE.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE NAME D  
FERNANDEZ, DALIA ☒ Delete  
STREET ADDRESS 1350 E. 4TH AVE.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME AD - FERNANDO CARBONELL ☐ Change ☒ Addition  
STREET ADDRESS 1350 E 4 AVE.  
CITY-ST-ZIP HIALEAH FL. 33010

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200006589382--6  
CITY-ST-ZIP -07/23/02--01037--025  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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]* SIGNATURE REQUIRED: FERNANDO CARBONELL

7/15/02

(305) 805-7997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (4/02)

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FIRST CLASS MEDICAL CENTER, INC  
1350 EAST 4<sup>TH</sup> AVENUE  
HIALEAH, FL 33010

Miami, July 15, 2002

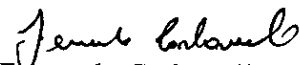
Division of Corporation  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

This letter is to inform you that we never receipt the original form to be file before May 1<sup>st</sup>, I will appreciate very much if you receipt and accept our check No. 1516 in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for year 2002.

I appreciate your help to resolve this matter.

Sincerely your:

  
Fernando Carbonell  
President