

3/14/02

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-14-2002 90074 038 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091918

1. Entity Name

CENTRO INVESTIGATIVO DE MEDICINA ALTERNATIVA, IN
C.

Principal Place of Business

1835 SW 27TH AVE.
MIAMI FL 33145

Mailing Address

1835 SW 27TH AVE.
MIAMI FL 33145

2. Principal Place of Business

2687 S.W. 25th TERRACE

3. Mailing Address

2687 S.W. 25th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-7149358

Applied For

Not Applicable

Zip

33133

Country

MIAMI-OROC

Zip

33133

Country

MIAMI-OROC

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, PEDRO M
1835 SW 27TH AVE.
MIAMI FL 33145

7. Name and Address of New Registered Agent

DIAZ, PEDRO M

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

2687 S.W. 25th TERRACE

City

MIAMI; FLORIDA

FL

Zip Code

33133

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

Pedro M. Diaz

PEDRO M. DIAZ

3-4-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, PEDRO M 7933 WEST DR., #921 NORTH BAY VILLAGE FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEPEDA, HUGO E 248 NW 108TH AVE. PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLOWAY, CARMELA 8835 NW 8TH ST., #406 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURGUIDO, MARIO J 590 SW 5TH AVE. #4 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Pedro M. Diaz

3-4-02. 305-857-5015

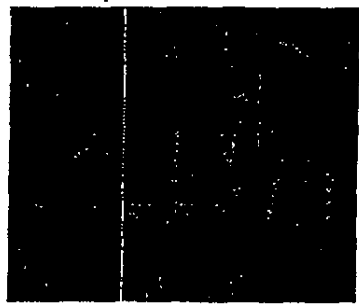
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Att. #
 PO 1000091918
 24112



K. Richment
Internal Revenue Service

Accounts Management Division I
 Branch II - Teletin Unit
 Stop 751
 PO Box 47421
 Chamblee, GA 30361
 Phone 678-530-7234/1235
 FAX 678-530-6156

Date: November 26, 2001

Employee Identification: 07169 27265

TO:	PEDRO DIAZ	FAX:	305-635-5383
FROM:	Account's Management Division I Teletin Unit	Pages:	1
Company Name	CENTRO INVESTIGATIVO DE MEDICINA ALTERNATIVA INC	Employer ID #	65-1149358
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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