

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

01-10-2003 90224 018 ***150.00

DOCUMENT # P02000064864

1. Entity Name
SOLUTIONS HEALTH MEDICAL OFFICE INC.



Principal Place of Business
2721 SW 137 AVE 117-118
MIAMI FL 33175

Mailing Address
2721 SW 137 AVE 117-118
MIAMI FL 33175

2. Principal Place of Business

2721 SW 137 AVE

3. Mailing Address

2721 SW 137 AVE

Suite, Apt., etc.

117-118

Suite, Apt., etc.

117-118

City & State

Miami-FL

City & State

Miami-FL

Zip

33175

Country

DADE

Zip

33175

Country

DADE

4. FEI Number

41-2045977

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MACHUCA, ALICIA
2721 SW 137 AVE 117-118
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **AGUILA, YOANDRA**
STREET ADDRESS **2721 SW 137 AVE #117-118**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **VD** ☐ Delete
NAME **ACOSTA, MANOLO**
STREET ADDRESS **2721 SW 137 AVE #117-118**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)