

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90308 017 ***550.00

0208135 AV

DOCUMENT # P02000102412

1. Entity Name
ALL AMERICAN ORTHOPEDIC CENTER, INC.



Principal Place of Business
4400 NW 19 STREET APT 1702
MIAMI FL 33125

Mailing Address
4400 NW 19 STREET APT 1702
MIAMI FL 33125

2. Principal Place of Business
4445 W 16 AVENUE

3. Mailing Address
17527 NW 62 PLACE

Suite, Apt. #, etc.
404

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
06-1648459

Applied For
Not Applicable

Zip
33012

Country

Zip
33015

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, OSMANI
4400 NW 19 STREET APT 1702
MIAMI FL 33125

Name-
Street Address (P.O. Box Number is Not Acceptable)
17527 NW 62 PLACE
City **MIAMI** FL Zip Code **33015**

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 **OSMANI RAMIREZ** 7/4/03
(NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RAMIREZ, OSMANI**
STREET ADDRESS **4400 NW 19 STREET APT 1702**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **17527 NW 62 PLACE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 **OSMANI RAMIREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E034 (10/02)