

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003609

1. Entity Name  
WEST DADE PEDIATRICS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90210 019 \*\*\*150.00

Principal Place of Business      Mailing Address  
7100 W 20TH AVE      7100 W 20TH AVE  
S-608      S-608  
HIALEAH FL 33016      HIALEAH FL 33016-1824  
US      US

000002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7100 W 20th Ave  
Suite, Apt. #, etc. 608

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
HIALEAH FL

City & State

4. FEI Number 65-0380969

Applied For  
Not Applicable

Zip 33016 Country US

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

EGUSQUIZA, JOHN E  
2830 SW 130 AVE  
MIAMI FL 33175

Name John EGUSQUIZA  
Street Address/B.O. Box Number is Not Acceptable  
3220 SW 107 AVE  
City MIAMI FL 33165

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]*  
Signature typed or printed name of registered agent and title if applicable.

1-10-00  
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EGUSQUIZA, JULIO	
STREET ADDRESS	3220 SW. 107 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EGUSQUIZA, MARIA V	
STREET ADDRESS	2830 SW 130 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00 305  
551-1195  
Date Daytime Phone #

CR2E034 (9/99)