

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000004266

1. Entity Name

NEURO-ORTHO, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90055 023 ***150.00

Principal Place of Business

1840 W. 49 STREET
602
HIALEAH FL 33012

Mailing Address

1840 W. 49 STREET
602
HIALEAH FL 33012

2. Principal Place of Business

9450 SW 72 St.
Suite, Apt. #, etc.
103

3. Mailing Address

9450 SW 72 St
Suite, Apt. #, etc.
103

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33173

Country
USA

Zip
33173

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0382708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SERRANO, RAFAEL J
1840 W. 49 STREET
602
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name SERRANO, Rafael J
Street Address (P.O. Box Number is Not Acceptable)
9450 SW 72 St
103
City MIAMI FL Zip Code 33173

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 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRANO, RAFAEL J 1840 W. 49 STREET, SUITE 602 HIALEAH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERRANO, DANIEL J 1840 W. 49TH ST., STE. 602 HIALEAH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SERRANO, RALPH M 1840 W 49TH ST., STE. 602 HIALEAH FL	<input checked="" 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
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	PD SERRANO, Rafael J 9450 SW 72 St #103 MIAMI, FL. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERRANO, Daniel J 9450 SW 72 St #103 MIAMI, FL. 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SERRANO, RALPH M 9450 SW 72 St #103 MIAMI, FL. 33173	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL J. SERRANO, FL.

Date

Daytime Phone #

CR2E034 (10/00)