

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018158

1. Entity Name

SOUTH FLORIDA PAIN RELIEF MANAGEMENT, INC.

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90026 012 \*\*\*158.75

Principal Place of Business

680 W 77 ST  
HIALEAH FL 33014

Mailing Address

680 W 77 ST  
HIALEAH FL 33014-4124

2. Principal Place of Business

1490 W. 49TH PLACE

3. Mailing Address

1490 W. 49TH PLACE

Suite, Apt. #, etc.

Suite # 390

Suite, Apt. #, etc.

Suite # 390

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

Zip

33012

Country

4. FEI Number

65-0392790

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, CELESTINO  
680 W 77 ST  
HIALEAH FL 33014

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.

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, 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

TITLE: PD  
NAME: LOPEZ, CELESTINO  
STREET ADDRESS: 680 W 77 ST  
CITY-ST-ZIP: HIALEAH FL 33014  
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:   
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CITY-ST-ZIP:   
☐ Change ☐ 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 to an address, with all other like empowered.

SIGNATURE:

*Celestino Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 (305) 822-8899  
Date Daytime Phone #

CR2E034 (9/99)