

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90073 049 ***150.00

DOCUMENT # **P93000018158**

1. Entity Name

SOUTH FLORIDA PAIN RELIEF MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1490 W. 49 PLACE

Suite, Apt. #, etc.

SUITE 390

3. Mailing Address

1490 W. 49 PLACE

Suite, Apt. #, etc.

SUITE 390

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0392790

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CELESTINO LOPEZ

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

17275 COLLINS AVENUE - #608

City

SUNNY ISLE BEACH

FL

Zip Code

33160

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

X

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

CELESTINO LOPEZ

(NOTE: Registered Agent signature required when reinstating)

2-20-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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-STATE-ZIP
**PD
LOPEZ, CELESTINO
17275 COLLINS AVENUE #608
SUNNY ISLE BEACH, FL 33160**

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 individual trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CELESTINO LOPEZ

2-20-02 (305) 822-8899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)