

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029606

1. Entity Name

UNIHEALTH MEDICAL SERVICE, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90022 020 \*\*\*150.00

Principal Place of Business

Mailing Address

8821 S.W. 6TH ST.  
MIAMI FL 33174

P.O. BOX 453452  
MIAMI FL 33245-3452

2. Principal Place of Business

2994 N.W. 7th St.  
Suite, Apt. #, etc.

3. Mailing Address

3/A  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip Country

33125

USA

4. FEI Number

65-0490468

Applied For  
Not Applicable

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

PEREZ, LUIS D  
2885 S.W. 3RD ROAD  
SUITE 200  
MIAMI FL 33129

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DE JESUS PEREZ, LUIS J  
STREET ADDRESS 8782 SW 8 ST  
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

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

TITLE PS  
NAME UGARRIZA, MIRTHA D  
STREET ADDRESS 2885 S.W. 3RD ROAD, SUITE 200  
CITY-ST-ZIP MIAMI FL 33129 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
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 with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00  
Date

305 785-1192  
Daytime Phone #

CR2E034 (9/99)