

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036078

1. Entity Name

E & L MEDICAL SERVICES CORP.

FILED

Apr 06, 2000 8:00 am  
Secretary of State

04-06-2000 90059 022 \*\*\*150.00

Principal Place of Business

Mailing Address

3900 NW 79 AVE  
STE #650  
MIAMI FL 33166  
US

3900 NW 79 AVE  
STE #650  
MIAMI FL 33166-6564  
US

00053763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3900 NW 79 AVE STE #636

Suite, Apt. #, etc.

MIAMI FL

City & State

3. Mailing Address

3900 NW 79 AVE STE #636

Suite, Apt. #, etc.

miami FL

City & State

4. FEI Number

65-0495415

Applied For

Not Applicable

Zip

Country

33166

US

Zip

Country

33166

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESCALERA, LEONOR  
9371 FONTAINBLEAU BLVD. APT. 1111  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

ESCALERA LEONORA

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

782 SW 97 CT, CIR.

City

MIAMI

FL

Zip Code

33174

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ESCALERA, LEONORA A  
9371 FONTAINBLEAU BLVD. APT. 1111  
MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ESCALERA LEONORA  
782 SW. 97 CT, CIR  
MIAMI FL. 33174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/03/00 (305) 477-3798