

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90093 029 ***150.00

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DOCUMENT # P94000056041

1. Entity Name

LORD MEDICAL CENTER, INC.



Principal Place of Business

**2720 S.W. 137TH AVENUE
MIAMI FL 33175**

Mailing Address

**2720 S.W. 137TH AVENUE
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0508319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MIRANDA, JOSH
2720 SW 127TH AVE
MIAMI FL 33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
MIRANDA, JOSE
260 NW 132 AVE
MIAMI FL 33182**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other the empowered.

SIGNATURE:

SIGNATURE REQUIRED
Jose Miranda

08-04-03

Date

Daytime Phone #

CR2E034 (4/03)



Lord Medical Center

2720 S.W. 137th Avenue • Miami, Florida 33175
Tel: (305) 551-6001, Fax: (305) 223-0446

Attachment #

80137013
P94000056041

August 4, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2003 UBR
Document # : P94000056041
FEI # : 65-0508319

To Whom It May Concern:

By means of this letter, please be advised that our company never received the initial notice for the 2003 UBR renewal.

We are at this time sending you the check in the amount of \$150.00 as payment for the renewal.

Should you have any questions, do not hesitate to contact me at the number listed above.

Thanking you in advance.

Sincerely,

Joe Miranda
President
JM/kt