

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069844

1. Entity Name

KRYSTAL MEDICAL SERVICES, INC. ✓

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90158 046 ***550.00

Principal Place of Business

Mailing Address

4112 W 44TH ST
HALEAH FL 33012

4112 W 44TH ST
HALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

7511 NW 73RD ST

7511 NW 73RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 104

STE 104

City & State

City & State

MIAMI

MIAMI

Zip

Country

Zip

Country

33166-2403

33166-2403

4. FEI Number

65-0522116

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

MONTES, ARMANDO
4112 W 44TH ST
HALEAH FL 33012

Name MARIA C. MENENDEZ

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

7511 NW 73RD ST
STE 104

City

MIAMI

FL

Zip Code

33166

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

7-14-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DP ☐ Delete
NAME MENENDEZ, MARIA L
STREET ADDRESS 4112 W 44TH ST
CITY-ST-ZIP HALEAH FL 33012

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 7511 NW 73RD ST STE 104
CITY-ST-ZIP MIAMI FL 33166

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00

Date

305-889-0310

Daytime Phone #