

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90107 048 ***150.00

DOCUMENT # P94000070899

1. Entity Name

COMPUTERIZED MEDICAL SERVICES OF SOUTH FLORIDA,



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1401 VERACRUZ LANE
FT. LAUDERDALE FL 33327

1401 VERACRUZ LANE
FT. LAUDERDALE FL 33327-1738

2. Principal Place of Business

12367 SW 140 ST

Suite, Apt. #, etc.

3. Mailing Address

12367 SW 140 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0522976

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

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

Name

ARRECHEA, KARLA MARINA

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

12367 SW 140 ST

City

MIAMI

FL

Zip Code

33186

JIMENEZ, KARLA M
1401 VERACRUZ LANE
FT. LAUDERDALE FL 33327

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.

KARLA M. ARRECHEA, President

(NOTE: Registered Agent signature required when reinstating)

04/26/2000

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 **PD** ☐ Delete
NAME **JIMENEZ, KARLA M**
STREET ADDRESS **1401 VERACRUZ LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

TITLE **PD** ☒ Change ☐ Addition
NAME **ARRECHEA, KARLA MARINA**
STREET ADDRESS **12367 SW 140 ST**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VD** ☐ Delete
NAME **ARRECHEA, KAREL B**
STREET ADDRESS **1401 VERACRUZ LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

TITLE **VD** ☐ Change ☐ Addition
NAME **ARRECHEA, Karel B.**
STREET ADDRESS **12367 SW 140 ST**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED
KARLA M. ARRECHEA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 (786)2424730
Date Daytime Phone #

CR2E034 (9/99)