

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P4000076038

1. Entity Name

LUCERO MEDICAL CENTER, INC

Principal Place of Business

Mailing Address

3900 NW 79 AVE. # 228
Miami, FL 33166

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

05-0527936

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LUCY MALLADA
3900 NW 79 AVE. #228
Miami, FL 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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P1V1510
LUCY MALLADA
3900 NW 79 AVE #228
Miami, FL 33166

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800004563378
-08/30/01--01902
****450.00 ****450.00

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Delete

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:

LUCY MALLADA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

CR2E034(1/00)

REINSTATEMENT 99-01

U-1

Pg 272

LUCERO MEDICAL CENTER, INC.
DOC.#P94000076038

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER
RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE
THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS
LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED
IN THE ANNUAL REPORT .

Lucy E. Mallada
CORDIALLY
LUCY MALLADA
PRESIDENT

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)
CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LUCERO MEDICAL CENTER, INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 23 AM 11:45
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Examiner's Initials