

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90464 050 ***150.00

DOCUMENT # P94000076038

1. Entity Name
LUCERO MEDICAL CENTER INC.

Principal Place of Business

**3900 NW 79 AVE.#228
 MIAMI FL 33166**

Mailing Address

**3900 NW 79 AVE.#228
 MIAMI FL 33166**

2. Principal Place of Business

5300 NW 77 CT

3. Mailing Address

5300 NW 77 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0527936

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MALLADA, LUCY
 3900 NW 79 AVE #228
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **MALLADA, LUCY**

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

5300 NW 77 CT

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

X Lucy E. Mallada

09/26/02

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, 2002 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 **PVSD** ☐ Delete
 NAME **MALLADA, LUCY**
 STREET ADDRESS **3900 NW 79 AVE #228**
 CITY-ST-ZIP **MIAMI FL 33166**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVSD** ☒ Change ☐ Addition
 NAME **MALLADA, LUCY**
 STREET ADDRESS **5300 NW 77 CT**
 CITY-ST-ZIP **MIAMI, FL 33166**

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
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 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:

X Lucy E. Mallada
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/02 305-798-3088
 Date Daytime Phone #

CR2E034 (9/01)