

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023075

1. Entity Name

SOUTH FLORIDA PROVIDER SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90988 023 ***150.00

Principal Place of Business

Mailing Address

7200 NORTHWEST 19TH STREET
 SUITE 110
 MIAMI FL 33126

7200 NORTHWEST 19TH STREET
 SUITE 110
 MIAMI FL 33127-3930

2. Principal Place of Business

3. Mailing Address

162 NW 29 ST

162 NW 29 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0567604

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33127

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

JOHNSTONE, JAMES V ESQ.
 7200 NORTHWEST 19TH STREET
 SUITE 110
 MIAMI FL 33126

Name

SAME

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

162 NW 29 ST

City

MIAMI

FL

Zip Code

33127

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, 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

TITLE	CT	<input type="checkbox"/> Delete
NAME	CRUZ-PERAZA, MIGUEL A	
STREET ADDRESS	7200 NORTHWEST 19TH STREET, 110	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	P	<input type="checkbox"/> Delete
NAME	RILEY, MICHAEL S	
STREET ADDRESS	7200 NORTHWEST 19TH STREET, 110	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ-PERAZA, MIGUEL A.	
STREET ADDRESS	162 NW 29 ST	
CITY-ST-ZIP	MIAMI FLORIDA 33127	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, MICHAEL S	
STREET ADDRESS	162 NW 29 ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MIGUEL A. CRUZ-PERAZA, VICE PRES. 4-17-00 305-573-6210

Date

Daytime Phone #

CR2E034 (9/99)