

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033757

1. Entity Name

MEDICAL RECORDS PROFESSIONAL SERVICES INC.

Principal Place of Business

12672 N W 9TH WAY
MIAMI FL 33182
US

Mailing Address

P.O. BOX 832789
MIAMI FL 33283-2789
US

2. Principal Place of Business

9591 Fontainebleau Blvd.
Suite, Apt. #, etc.
APT 203

3. Mailing Address

P.O. Box 832789
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

USA

Zip

33283-2789

Country

USA

4. FEI Number

65-0577147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, VIVIAN
12672 NW 9 WAY
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name

GUERRA Vivian

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

9591 Fontainebleau Blvd.
APT 203

City

Miami

FL

Zip Code

33172

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

Vivian Guerra

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/00

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 PD
NAME GUERRA, VIVIAN
STREET ADDRESS 2316 SW 58 AVE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE VD
NAME GUERRA, MARCELLO E
STREET ADDRESS 2316 SW 58 AVE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Vivian Guerra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)