

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037370

1. Entity Name

CABRERA MEDICAL TRANSCRIPTIONS, INC.

Principal Place of Business

11563 SW 124TH COURT
MIAMI, FL 33186

Mailing Address

11563 SW 124TH COURT
MIAMI, FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0582835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABRERA, MARILYN C
11563 SW 124TH COURT
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Marilyn C. Cabrera

MARILYN C. CABRERA

DATE

7/22/01

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME CABRERA, MARILYN C
STREET ADDRESS 11563 SW 124TH COURT
CITY-ST-ZIP MIAMI FL 33186

TITLE D
NAME CABRERA, PETER H
STREET ADDRESS 11563 SW 124TH COURT
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Marilyn C. Cabrera

6/14/01

305-595-0003

Date

Daytime Phone #

06-29-2001 90001 044 550.00
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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REINSTATEMENT 2000-01