

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040200

1. Entity Name

SOUTHSIDE MEDICAL SERV. CORP.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90025 044 \*\*\*150.00

Principal Place of Business

Mailing Address

SOUTHSIDE MEDICAL  
215 SW 17TH AVE. SUITE 203A  
MIAMI FL 33135  
US

SOUTHSIDE MEDICAL SERV  
215 SW 17TH AVE. SUITE 203A  
MIAMI FL 33135-1525  
US

2. Principal Place of Business

2302 West Flager St

3. Mailing Address

2302 West Flager St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33135

City & State

Miami, fl 33135

Zip

Country

Zip

Country

4. FEI Number

65-0582179

Applied For

Not Applicable

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

COTERA, FERMIN  
1430 SW 1 ST  
SUITE 211  
MIAMI FL 33135

Name **IGNACIO FIGUEROA**

Street Address (P.O. Box Number is Not Acceptable)  
**2302 West Flager St**

City **Miami**

**FL**

Zip Code  
**33135**

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*

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

**4/24/00**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **COTERA, FERMIN**  
STREET ADDRESS **215 SW 17TH AVE, SUITE 203A**  
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **P** ☒ Change ☐ Addition  
NAME **IGNACIO FIGUEROA**  
STREET ADDRESS **2302 West Flager St**  
CITY-ST-ZIP **Miami, Fl 33135**

TITLE **VP** ☐ Delete  
NAME **FIGUEROA, IGNACIO**  
STREET ADDRESS **215 SW 17TH AVE, SUITE 203A**  
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VP** ☒ Change ☐ Addition  
NAME **FERMIN COTERA**  
STREET ADDRESS **2302 West Flager St**  
CITY-ST-ZIP **Miami, FL 33135**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *X* **4/24/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/00** **305-643-0725**  
Date Daytime Phone #

CR2E034 (9/99)