2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065683

1. Entity Name

R & I MEDICAL CENTER CORPORATION

FILED
Jul 24, 2000 8:00 am
Secretary of State
07-24-2000 90006 005 ***150.00

Principal Place of Business	Mailing Address
7821 CORAL WAY SUITE 129 MIAMI FL 33155 US	7821 CORAL WAY SUITE 129 MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0606488 ☐ 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
MOLL, ISRAEL 11605 SW 98 PL MIAMI FL 33176	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 ______________________
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOLL, ISRAEL		NAME	
STREET ADDRESS	6235 S.W. 132 CT.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAZQUEZ, REYSELDA		NAME	
STREET ADDRESS	6235 S.W. 132 CT.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (5/00)

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 REQUIRED 7/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R & I MEDICAL CENTER. D072996

Attachment
P95000065683

From: R&I Medical Center
7821 Coral Way Ste 129
Miami FL 33155

to: Division of Corporation
PO Box 1500
Tallahassee, FL 32302-1500

We send in February 22-00 the amount $150.00 for Business Report with check # 1751. Now we receive the Second Notice but we send already the check. Enclosed is a copy of the check that we send before and as soon as we receive the stop payment from the Bank we are going to send too.
Enclosed is a new check # 2128 with amount $150.00
We apreciated your colaboration in this matter.
Any Question should be referred to.

R&I Medical Center
7821 Coral Way Ste 129
Miami FL 33155
(305) 265-2343

We are sending by Certified Mail

Thanks

7821 CORAL WAY STE 129 MIAMI FL 33155 (305) 265-2343

R & I MEDICAL CENTER CORPORATION
7821 CORAL WAY, SUITENO. 129
MIAMI, FL 33155

1751

2/20 10

63-398/670
84

PAY TO THE ORDER OF Division of Corporation $ 150.00

One hundred fifty ——— 00/100 DOLLARS

Barnett

037-084
4020 S.W. 67th Avenue
Miami, Florida 33155

FOR

⑈001751⑈ ⑆067003985⑆ 1596340651⑈

© Clarke American

This is a copy of the check that we send BEFORE

Division
Attachment
P95000065683