

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

7821 CORAL WAY
SUITE 129
MIAMI FL 33155
US

Mailing Address

7821 CORAL WAY
SUITE 129
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0606488

Applied For
Not Applicable

Zip

Country

Zip

Country

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
NAME MOLL, ISRAEL
STREET ADDRESS 6235 S.W. 132 CT.
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD
NAME VAZQUEZ, REYSELDA
STREET ADDRESS 6235 S.W. 132 CT.
CITY-ST-ZIP MIAMI FL 33155

☐ Delete

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☐ Delete

TITLE
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

R & I MEDICAL CENTER. D072996

Attachment

P 95000065683

From: R&I Medical Center
7821 Coralway 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 appreciated your collaboration in this matter.

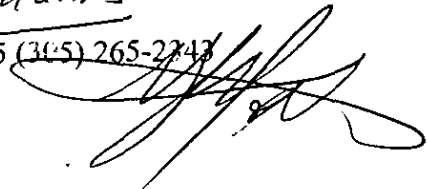
Any question should be referred to.

R&I Medical Center
7821 Coralway 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, SUITE NO. 129
MIAMI, FL 33155

1751

PAY TO THE
ORDER OF

Devered of Corporation

2/20

\$ 150.00

One hundred fifty

DOLLARS

Barnett

337-084
4020 S.W. 67th Avenue
Miami, Florida 33155

FOR

⑆001751⑆ ⑆067003985⑆

159634045⑆



0012906
Attachment
P95000065683

*This is a copy of
the check that we
send BEFORE*