

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074732

1. Entity Name

B.M.V. MEDICAL SERVICES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90301 003 \*\*\*150.00

Principal Place of Business

Mailing Address

3530 NW 99 ST.  
MIAMI FL 33147

3530 NW 99 ST.  
MIAMI FL 33147-1941

2. Principal Place of Business

3. Mailing Address

1117 WEST OKEECHOBEE RD

1117 WEST OKEECHOBEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

SUITE 120

City & State

City & State

HALEAH, FL

HALEAH, FL

Zip

Zip

33018

33018

Country

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, BARBARA M  
3530 NW 99 ST.  
MIAMI FL 33147

Name

OLGA L TORRES

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

1117 WEST OKEECHOBEE RD

SUITE 120

City

HALEAH

FL

Zip Code

33018

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 \$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 **D**  
NAME **RODRIGUEZ, BARBARA M**  
STREET ADDRESS **3530 NW 99 ST.**  
CITY-ST-ZIP **MIAMI FL 33147**

☒ Delete

TITLE **PSD**  
NAME **OLGA L TORRES**  
STREET ADDRESS **1117 WEST OKEECHOBEE RD SUITE 120**  
CITY-ST-ZIP **HALEAH, FL 33018**

☐ Change ☒ Addition

TITLE  
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☐ 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, will, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)