

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91421 032 ***150.00

DOCUMENT # P95000075256

1. Entity Name
STAT MEDICAL CLINIC V, INC.

Principal Place of Business
12302 NE 6TH AVE
NORTH MIAMI FL 33161
US

Mailing Address
12302 NE 6TH AVENUE
NORTH MIAMI FL 33161
US



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 **65-0623978**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STACHEWITSCH, ANDRE
12302 NE 6 AVE
N MIAMI FL 33161

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 _____ (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, 2002 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

TITLE **PD** ☐ Delete
 NAME **STACHEWITSCH, MARC**
 STREET ADDRESS **12302 NE 6 AVE**
 CITY-ST-ZIP **N MIAMI FL 33161**

TITLE **VP** ☐ Delete
 NAME **STACHEWITSCH, ANDRE**
 STREET ADDRESS **12302 NE 6 AVE**
 CITY-ST-ZIP **N MIAMI FL 33161**

TITLE **VP** ☐ Delete
 NAME **FRIEDEWALD, DON**
 STREET ADDRESS **12302 NE 6 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **S** ☐ Delete
 NAME **STACHEWITSCH, MONA**
 STREET ADDRESS **12302 NE 6 AVE**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **T** ☐ Delete
 NAME **STACHEWITSCH, MONIQUE**
 STREET ADDRESS **12302 NE 6 AVE**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **ANDRE STACHEWITSCH**

3/5/2002 **305-883-7698**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)