

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076989

1. Entity Name

GARDEN MEDICAL CENTER, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90140 044 ***158.75

Principal Place of Business

13550 SW 88TH ST
120
MIAMI FL 33186

Mailing Address

13550 SW 88TH ST
120
MIAMI FL 33186

00009157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 835431

City & State

City & State

MIAMI - FL.

4. FEI Number

65-0616607

Applied For

Not Applicable

Zip

Country

Zip

Country

33283

USA.

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

YEPEZ, RIGOBERTO J
15460 SW 88 LANE
#407
MIAMI FL 33193

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 \$150.00
After MAY 1, 2001 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 ☒ Delete
NAME D
STREET ADDRESS YEPEZ, RIGOBERTO J
CITY-ST-ZIP 15460 SW 88 LANE, #407
MIAMI FL 33183

TITLE ☐ Change ☒ Addition
NAME VITID
STREET ADDRESS Yepez, RIGOBERTO J
CITY-ST-ZIP 15460 SW 88 LANE, #407
MIAMI, FL 33183

TITLE ☒ Delete
NAME VP
STREET ADDRESS CABALLERO, ESTELA I
CITY-ST-ZIP 15460 SW 88 LANE, #407
MIAMI FL 33193

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

TITLE ☒ Delete
NAME VP2
STREET ADDRESS SOTO, SYLVIA
CITY-ST-ZIP 10386 SW 11 TERRACE
MIAMI FL 33174

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:

Rigoberto Yepez

1-16-2001

305-3878224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)