

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000007538

1. Entity Name

CALL THE DOCTOR'S U.S.A. HEALTHCARE INC.

Principal Place of Business

Mailing Address

6741 CORAL WAY SUITE: # 38
MIAMI FL. 33155

PO. BOX: 557246
MIAMI FL 33255

2. Principal Place of Business

3. Mailing Address

PO Box: 557246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33255

USA

4. FEI Number

650635144

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

ARANGO MIGUEL

11165 NW 3 T3RST
MIAMI FL 33172

Name

ARANGO MIGUEL

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

11165 NW, 3 ST MIAMI FL, 33172

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

02-08-01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW! FEES IS \$100.00
After MAY 1, 2001 Fee Will be \$150.00
(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD.
ARANGO JORGE L.
PO. BOX: 557246 MIAMI FL 33255

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD.
ARANGO MIGUEL
PO. BOX: 557246 MIAMI FL, 33255

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FRAGA MANUEL JR.
PO. BOX: 557246
MIAMI FL, 33255

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
0000003802380--0
-03/06/01--01075--005
***158.75

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ARANGO MIGUEL
PO. BOX: 557246
MIAMI FL, 33255

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARTINEZ XIOMARA
PO. BOX: 9400006
MIAMI FL 33184

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HERNANDEZ MARCOS
PO. BOX: 557246
MIAMI FL 33184

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-08-01 260-0332

FILED

01 MAR -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE