

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007586

1. Entity Name

PROFESSIONAL MEDICAL TRANSPORTATION CORP.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90096 011 \*\*\*158.75

Principal Place of Business

Mailing Address

~~MINOLA DRIVE~~  
 SPRING FL 33166

P O BOX 661193  
 MIAMI SPRINGS FL 33266-1193

C0043290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7550 NW 82st

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Medley FL

City & State

FL

4. FEI Number

65-0649176

Applied For

Not Applicable

Zip

33166

Country

None

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

PAZOS, XIOMARA  
 201 MINOLA DRIVE  
 MIAMI SPRINGS FL 33166

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, 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 PS  
 NAME PAZOS, XIOMARA V ☐ Delete  
 STREET ADDRESS 201 MINOLA DRIVE  
 CITY-ST-ZIP MIAMI SPRINGS FL 33266

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

TITLE VT  
 NAME PAZOS, GEORGE B ☐ Delete  
 STREET ADDRESS 201 MINOLA DRIVE  
 CITY-ST-ZIP MIAMI SPRINGS FL 33266

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 NAME  
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 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:

*Xiomara Pazos*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 (305) 8841756

CR2E034 (9/99)