

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015383

1. Entity Name

AZTEC MEDICAL SERVICES, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90179 001 ***150.00

Principal Place of Business

Mailing Address

1700 NW 66TH AVE
#101
PLANTATION FL 33313
US

5601 N DIXIE HWY
#320
29 LAUDERDALE FL 33334-4146
US

2. Principal Place of Business

3. Mailing Address

6101 BLUE LAGOON DR
Suite, Apt. #, etc.
455

6101 BLUE LAGOON DRIVE
Suite, Apt. #, etc.
455

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33124 US

33124 US

4. FEI Number

65-0658483

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

MARTIN PRESS, ESQUIRE-BOARD
500 EAST BROWARD BLVD
STE #1130
FT LAUDERDALE FL 33394

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 PSD
NAME MADORSKY, MARTIN L
STREET ADDRESS 1700 NW 66TH AVE
CITY-ST-ZIP PLANTATION FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 6101 BLUE LAGOON DR ST 455
CITY-ST-ZIP MIAMI-FL 33126

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/00

CR2E034 (9/99)