

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90131 048 ***150.00

DOCUMENT # P96000028339

1. Entity Name

NIDIA M. IGLESIAS, M.D. AND Y. HERNANDEZ SUAREZ,

Principal Place of Business

**4302 ALTON RD.
 SUITE 810
 MIAMI BEACH FL 33140**

Mailing Address

**4302 ALTON RD.
 SUITE 810
 MIAMI BEACH FL 33140**

2. Principal Place of Business

4300 Alton Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 850

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

same

Zip

33140

Country

USA

Zip

same

Country

same

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS, INC.
 1980 SUN TRUST INTERNATIONAL CENTER
 1 SOUTHEAST 3RD AVE
 MIAMI FL 33131**

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

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

TITLE	P	NAME	IGLESIAS, NIDIA	<input type="checkbox"/> Delete
STREET ADDRESS			4302 ALTON RD, #810	
CITY-ST-ZIP			MIAMI BEACH FL 33140	
TITLE	V	NAME	SUAREZ, YOLANGEL H	<input type="checkbox"/> Delete
STREET ADDRESS			4302 ALTON RD, #810	
CITY-ST-ZIP			MIAMI BEACH FL 33140	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		NAME	Iglesias, Nidia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4300 Alton Rd #850	
CITY-ST-ZIP			Miami Beach FL 33140	
TITLE		NAME	Suarez, Yolangel H	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4300 Alton Rd #850	
CITY-ST-ZIP			Miami Beach FL 33140	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-01 (305) 534 8805

0172534

CR2E034 (10/00)