

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029803

1. Entity Name

VARADERO MEDICAL CENTER, CORP.

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90027 031 ***150.00

Principal Place of Business

Mailing Address

1840 W. 49TH ST. ~~STE 404~~ 404
HIALEAH FL 33012

1840 W. 49TH ST. ~~STE 404~~ 404
HIALEAH FL 33012-2950

60814970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1840 W 49 ST - STE 404

1840 W 49 ST - STE 404

City & State

City & State

4. FEI Number

65-0655830

Applied For

Not Applicable

Zip

Country

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

CARO, PEDRO R

1840 W. 49TH ST., STE. ~~404~~ 404
HIALEAH FL 33012

Name

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

1840 W 49 ST - STE 404

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	CARO, PEDRO R	5334 SW 89 AVE.							
		MIAMI FL 33165								
	D	SOLIS, ANA J	5334 SW 89 AVE.							
		MIAMI FL 33165								

13. I hereby certify that the information supplied with this report 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:

PEDRO R. CARO
PRESIDENT

Date

Daytime Phone #