

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037063

1. Entity Name

G.I. AFFILIATES, INC.



FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90158 011 ***150.00

Principal Place of Business

Mailing Address

2140 W. 68 STREET
SUITE 305
HIALEAH FL 33016

P.O. BOX 56-0624
MIAMI FL 33256

80064941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0684876

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

PADILLA, VICTOR JR.
2140 W. 68 STREET
SUITE 305
HIALEAH FL 33016

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	RAO	☒ Delete
NAME	MADERAL, FRANCISCO R		
STREET ADDRESS	2140 W 68TH STREET #305		
CITY-ST-ZIP	HIALEAH FL 33016		
TITLE	D		☐ Delete
NAME	PINA, GEMA		
STREET ADDRESS	2140 W 68TH STREET #305		
CITY-ST-ZIP	HIALEAH FL 33016		
TITLE	P		☐ Delete
NAME	PADILLA JR, VICTOR		
STREET ADDRESS	2140 W 68TH STREET #305		
CITY-ST-ZIP	HIALEAH FL 33016		
TITLE	D		☒ Delete
NAME	PEREZ, JESUS		
STREET ADDRESS	2140 W 68TH STREET #305		
CITY-ST-ZIP	HIALEAH FL 33016		
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	D	☒ Change ☐ Addition
NAME	MADERAL, FRANCISCO R	
STREET ADDRESS	2140 W. 68th St., #305	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Jorge X. Castaneda	
STREET ADDRESS	2140 W. 68th St., #305	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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

5/1/01

Date

(305) 822-4102

Daytime Phone #

CRPE034 (10/00)

ATTACHMENT

DIGESTIVE MEDICINE ASSOCIATES

FRANCISCO R. MADERAL, M.D.
VICTOR M. PINA, M.D.
VICTOR M. PADILLA, III, M.D., F.A.C.P.
JORGE D. CASTAÑEDA, M.D.

DIPLOMATES, AMERICAN BOARDS OF
INTERNAL MEDICINE, GASTROENTEROLOGY AND HEPATOLOGY

MARK S. AVILA, M.D.
JOSÉ L. MARTINEZ, M.D.
MELCHOR V. DEMETRIA, M.D.
ERNESTO A. GODOY, M.D.

September 6, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

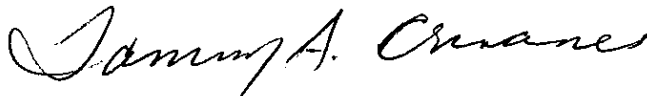
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To Whom It May Concern:

Attached is a copy of the original check sent with the 2001 Uniform Business Report, ck# 525, the check has not been sent back, nor has it been cashed. I am sending a replacement check for the same amount.

If you have any questions, please give me a call at (305) 822-4107.

Thank you,



Tammy A. Cruanes
Controller

TELEPHONE: 305-822-4107 • FACSIMILE: 305-822-5086

MAILING ADDRESS:

P.O. Box 56-0624, MIAMI, FLORIDA 33256-0624

PALMETTO DIAGNOSTIC CENTER
2140 WEST 68 ST., SUITE 300
HIALEAH, FLORIDA 33016

CORAL GABLES OFFICE
3133 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33134

PALM SPRINGS MEDICAL PLAZA
1435 WEST 49 PL., SUITE 308
HIALEAH, FLORIDA 33012

MEDICAL ARTS BUILDING
1190 N.W. 95 ST., SUITE 201
MIAMI, FLORIDA 33150

MELLON UNITED NTL. BANK
HALEAH, FL 33012
63-964/670

Attachment
D#P4600037403
B0004941

\$150.00**

5/1/2001

DOLLARS
Security features
included.
Details on back.

 Security features included. Details on back.

included.
Details on back.

☒ Indicate
Delete a

20

For GI ~~XXXXXXXXXX~~, Inc - Doc#P960000 ~~XXXXXX~~ 37063

0000525 067009646 0011146743

525

5/1/2001

Original Amt.
150.00

Balance Due	Discount
150.00	

Check Amount

Payment

150.00

150.00
150.00

For GI ~~Enterprises~~ Inc

150.00