

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058565

1. Entity Name

UNION MEDICAL ASSOCIATION CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90966 022 ***150.00

Principal Place of Business

Mailing Address

1607 PONCE DE LEON BLVD.
 #101
 CORAL GABLES FL 33134

1607 PONCE DE LEON BLVD.
 #101
 CORAL GABLES FL 33134-4011

2. Principal Place of Business

3. Mailing Address

3900 West Flagler St
 Suite, Apt. #, etc.
 Miami Florida
 City & State

3900 West Flagler St
 Suite, Apt. #, etc.
 Miami Florida
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0681212

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip
 33134

Country
 DADC

Zip
 33134

Country
 DADC

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, ALEJANDRO ESQ
 1607 PONCE DE LEON BLVD.
 #101
 CORAL GABLES FL 33134

Name 3900 West Flagler Corp.
 Street Address (P.O. Box Number is Not Acceptable)
 3900 West Flagler St
 Miami FL
 City FL Zip Code 33134

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 STD
 NAME COUTIN, JOSE ☐ Delete
 STREET ADDRESS 1607 PONCE DE LEON BLVD. #101
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE STD
 NAME COUTIN, JOSE ☐ Change ☐ Addition
 STREET ADDRESS 3900 West Flagler St
 CITY-ST-ZIP MIAMI, FL 33134

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

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 or without other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

CR2E034 (9/99)