

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000080830**

1. Entity Name

M. B. C. MEDICAL CENTER, INC.

Principal Place of Business

**110 HIALEAH DR.
HIALEAH FL 33010**

Mailing Address

**6801 NW 77 AVE
104
MIAMI FL 33166**

2. Principal Place of Business

8080 W. FLAGLER ST

3. Mailing Address

8080 W. FLAGLER ST.

Suite, Apt. #, etc.

SUITE #3E

Suite, Apt. #, etc.

SUITE #3E

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33144

Country

U.S.A.

Zip

33144

Country

U.S.A.

4. FEI Number

65-0697014

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BECI, MIRIAM
110 HIALEAH DR.
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **ZORAIDA BAYON**

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

1334 EUCLID APT. 5

City

MIAMI

FL

Zip Code

33139

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

4-17-01

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 **PD** ☒ Delete
NAME **HERNANDEZ, JULIO C**
STREET ADDRESS **6801 NW 77 AVE STE 104**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **MARIEVA BRICENO**
STREET ADDRESS **11624 NW 43 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **MARIETA AREOSTA**
STREET ADDRESS **4866 NW 108 PASS**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **ZORAIDA BAYON** ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **1334 EUCLID APT. 5**
CITY-ST-ZIP **MIAMI, FL 33178**

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

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

MARIETA AREOSTA

Date

4/17/2001

Daytime Phone #

(305) 269-0081

MARIEVA BRICENO de SANCHEZ

CR2E034 (10/00)

0205520

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90064 035 ***158.75



DO NOT WRITE IN THIS SPACE