

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90070 022 ***158.75

DOCUMENT # P96000080830

1. Entity Name
M. B. C. MEDICAL CENTER, INC.

Principal Place of Business

**8080 W FLAGLER ST
 SUITE # 3E
 MIAMI FL 33144**

Mailing Address

**8080 W FLAGLER ST
 SUITE # 3E
 MIAMI FL 33144**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6801 NW 77 Ave.

3. Mailing Address

6801 NW 77 Ave.

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0697014

Applied For

Not Applicable

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAYON, ZORAIDA
 1334 EVELID
 APT 5
 MIAMI FL 33139**

7. Name and Address of New Registered Agent

Name **BAYON, ZORAIDA**

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

6801 NW 77 Ave SUITE 104

City **MIAMI, FL**

FL

Zip Code **33166**

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 *ZORAIDA BAYON*
 Signature, typed or printed name of registered agent and title, if applicable.

ZORAIDA BAYON

(NOTE: Registered Agent signature required when reinstating)

04/19/02
 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, 2002 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	<input type="checkbox"/> Delete
NAME	BOKENO, MARIEVA	
STREET ADDRESS	11624 NW 43 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	V	<input type="checkbox"/> Delete
NAME	AEDISA, MARIETA	
STREET ADDRESS	4866 NW 108 PASS	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAYON, ZORAIDA	
STREET ADDRESS	1334 EUCLID APT 5	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICENO, MARIEVA	
STREET ADDRESS	6801 NW 77 AVE SUITE 104	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, MARIETA	
STREET ADDRESS	6801 NW 77 AVE SUITE 104	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYON, ZORAIDA	
STREET ADDRESS	6801 NW 77 AVE SUITE 104	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *ZORAIDA BAYON* **ZORAIDA BAYON** **04/19/2002** **(305) 805-0044**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)