

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081170

1. Entity Name

MIAMI HAND CENTER, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90017 032 ***150.00

Principal Place of Business

4649 PONCE DE LEON BLVD
STE #302
CORAL GABLES FL 33146
US

Mailing Address

8905 S.W. 87TH AVENUE
SUITE 101
MIAMI FL 33176-2227
US

2. Principal Place of Business

P905 S.W. 87TH AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 101

City & State

MIAMI FL

Zip

33176-2227

Country

USA

Zip

Country

4. FEI Number

65-0811130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORBAY, JORGE L M.D.
8905 S.W. 87TH AVENUE
SUITE 101
MIAMI FL 33176

7. Name and Address of New Registered Agent

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, 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

TITLE P
NAME ORBAY, JORGE L M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE ST
NAME KHOUPI, ROGER K M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE VP
NAME BADIA, ALEJANDRO M.D.
STREET ADDRESS 8905 S.W. 87TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE D
NAME VILASUSO, FRANCISCO X MD
STREET ADDRESS 4649 PONCE DE LEON BLVD, #402
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

Date

Daytime Phone #

CR2E034 (9/98)