

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91267 008 ***150.00

DOCUMENT # P97000019333

1. Entity Name

UNIVERSAL KIDNEY CENTER, INC.

Principal Place of Business

**4875 NE 20TH TERRACE
 FT. LAUDERDALE FL 33308**

Mailing Address

**4875 NE 20TH TERRACE
 FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0762194

Applied For

Not Applicable

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

BARTOLOME, ELMO

4875 NE 20 TERR

FT. LAUDERDALE FL 33308

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 BARTOLOME, ELMO V
 4875 NE 20TH TERRACE, SUITE 301
 FT. LAUDERDALE FL 33308** ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
**D
 BARTOLOME, DELILAH
 4875 NE 20TH TERRACE
 FORT LAUDERDALE FL 33308** ☐ Delete

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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 (9/01)

Atchmut

P9700001933
433594

Universal Kidney Center, Inc.
4875 NE 20th Terrace
Ft. Lauderdale, FL 33308
(954) 958-9300 / Fax (954) 958-9223

May 3, 2002

Florida Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

As suggested by our conversation on the telephone today, I am enclosing the 2002 Uniform Business Reports along with the checks for the following corporations:

EVb Investments & Property Management Inc. - Doc. #P01000038580
Universal Kidney Center, Inc. - Doc. #P97000019333
Universal Kidney Center of Boynton Beach, Inc. - Doc. #P99000049573

As the corporate signer was out the country, we were not able to file these reports on time. We appreciate your consideration in processing them without assessing penalties.

Sincerely,

Erika Nakamura
Erika Nakamura
Office Manager

Enclosures