

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 038 ***150.00

DOCUMENT # P97000029199

1. Entity Name

ALLCARE ORTHO-PROSTHETIC CENTER, INC.

Principal Place of Business

Mailing Address

3750 W. 16TH AVE., #404
HIALEAH FL 330123750 W. 16TH AVE., #404
HIALEAH FL 33012-4650

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3441885**

Applied F

Not Appl

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, FRANCISCA
27 N.W. 136TH AVE
MIAMI FL 33165

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
Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **MIRANDA, CARLOS**
 CITY-ST-ZIP **27 N.W. 136TH AVE**
MIAMI FL 33165

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MIRANDA, FRANCISCA**
 CITY-ST-ZIP **27 N.W. 136TH AVE**
MIAMI FL 33165

TITLE ☐ Change ☐
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 CITY-ST-ZIP

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TITLE ☐ Change ☐
 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 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 #

Francisca Miranda
 1/28/00 (305) 362-6000