2000 UNIFORM BUSINESS REPORT (UBR)

09 1082

DOCUMENT # P97000053322

1. Entity Name

RODRIGUEZ-ECHEVERRIA & ASSOCIATES, P.A.

FILED

00 SEP 14 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
330 SW 27 AVENUE SUITE 605 MIAMI FL 33135	330 SW 27 AVENUE SUITE 605 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MIAMI, FLORIDA SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0762327 ☐ 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
RODRIGUEZ-ECHEVERRIA, M. VICTORIA 330 SW 27 AVENUE SUITE 605 MIAMI FL 33135	Name: SAME 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PVST RODRIGUEZ-ECHEVERRIA, M. VICTORIA 330 SW 27 AVENUE SUITE 605 MIAMI FL 33135	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700003400105 -09/21/00--01024--001 ****155.00 ****155.00	☐ Change ☐ Addition
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CR2E034 (5/00)

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: _____ 9/11/00 (305) 541-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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South Miami Hospital

6200 SW 73rd Street
Miami, Florida 33143
Phone: (305) 661-4611

April 24, 2000

Re: Maria Arauz

TO WHOM IT MAY CONCERN

Please be advised that Maria Arauz, residing at 9755 S.W. 85th Street, Miami, Florida 33173, is presently an inpatient at South Miami Hospital. Mrs. Arauz was admitted on April 17, 2000 and although her discharge has not been officially determined, it will probably occur later today.

Should you require clarification, please feel free to contact me at (305) 663-5046.

Sincerely,

R. Vasconcelos

Rosie Vasconcelos
Director, Guest Relations