

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067816

1. Entity Name
SPEC MEDICAL CALLS INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90038 049 ***150.00

Principal Place of Business

1062 NW 134 PL
MIAMI FL 33182

Mailing Address

1062 NW 134 PL
MIAMI FL 33182

2. Principal Place of Business

1062 NW 134 PL

Suite, Apt. #, etc.

3. Mailing Address

1062 NW 134 PL

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33182

Country

City & State

MIAMI - FL

Zip

33182

Country

4. FEI Number 65-0830164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA PEDRAJA, HILDA
43 NW 65 AVE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name HILDA DE LA PEDRAJA
Street Address (P.O. Box Number is Not Acceptable)

1062 NW 134 PL

City MIAMI

FL

Zip Code 33182

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, 2001 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 D
NAME DE LA PEDRAJA, HILDA
STREET ADDRESS 43 NW 65 AVE
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE HILDA DE LA PEDRAJA ☒ Change ☐ Addition
NAME
STREET ADDRESS 1062 NW 134 PL - MIAMI - FL - 33182
CITY-ST-ZIP

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

TITLE
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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: HILDA DE LA PEDRAJA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HILDA DE LA PEDRAJA 04/11/01 (305) 588-8039

Date

Daytime Phone #

CR2E034 (10/00)