

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90033 035 \*\*\*150.00

**DOCUMENT # P97000076782**

1. Entity Name  
**SMETZALEZ MEDICAL MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

**3506 TORREMOLINOS AVE  
 MIAMI FL 33178-2959**

**3506 TORREMOLINOS AVE  
 MIAMI FL 33178-2959**

2. Principal Place of Business

**2295 NORTH UNIVERSITY DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 840638**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FL**

City & State

**HOLLYWOOD, FL**

4. FEI Number

**65-0785614**

Applied For

Not Applicable

Zip

Country

**33024**

Zip

Country

**33084**

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

**SMETS, MICHAEL  
 3506 TORREMOLINOS AVE  
 MIAMI FL 33178-2959**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMETS, MICHAEL</b> <b>3506 TORREMOLINOS AVE</b> <b>MIAMI FL 33178-2959</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GONZALEZ-PENA, MANUEL</b> <b>6101 SW 183 WAY</b> <b>FT LAUDERDALE FL 33331</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMETS, MICHAEL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Michael August Smets, MD., President**  
 Internal Medicine

**4/21/00**

**954-983-1969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

Date

Daytime Phone #

CR2E034 (9/99)