# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2000 8:00 am**
**Secretary of State**
05-17-2000 90981 042 ***150.00

DOCUMENT # P97000082954

1. Entity Name

MIRAMAR MANAGEMENT COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8100 SW 89TH PL<br>MIAMI FL 33173 | 8100 SW 89TH PL<br>MIAMI FL 33173-4187 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5955 PONCE DE LEON BLVD. | 5955 PONCE DE LEON BLVD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: CORAL GABLES, FL | City & State: CORAL GABLES, FL |
| Zip: 33146 Country: DADE | Zip: 33146 Country: DADE |

4. FEI Number 65-0791210 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

CAPOTE, BEATRIZ M
1101 BRICKELL AVE, 17TH FL
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name: VINCENT J. CHEN
Street Address (P.O. Box Number is Not Acceptable): 5955 PONCE DE LEON BLVD.
City: CORAL GABLES FL Zip Code: 33146

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: Vincent Chen 4/26/00
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 | VPD<br>TANO, ALBERT R M.D.<br>5955 PONCE DE LEON BLVD.<br>CORAL GABLES FL 33146-2423 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PEREZ, JORGE E M.D.<br>5955 PONCE DE LEON BLVD.<br>CORAL GABLES FL 33146-2423 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SDT<br>VALDES, ERNESTO M.D.<br>5955 PONCE DE LEON BLVD.<br>CORAL GABLES FL 33146-2423 | X Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (9/99)

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 JORGE E. PEREZ, M.D. 4/27/00 305-661-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #