

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091309

1. Entity Name
ADVANCE MEDICAL OFFICE INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90173 002 ***150.00

Principal Place of Business

8452 S.W. 24TH ST.
MIAMI FL 33155

Mailing Address

8452 S.W. 24TH ST.
MIAMI FL 33155-2334

B0008599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8450 SW 24 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number 65-0790127

Applied For
Not Applicable

Zip
33155

Country
Miami-Dade

Country

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

6. Name and Address of Current Registered Agent

GONZALEZ, MARGARTIA
8452 S.W. 24TH ST.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name MARGARITA GONZALEZ
Street Address (P.O. Box Number is Not Acceptable) 8450 SW 24 STREET
City Miami FL 33155

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

Margarita Gonzalez

Signature, typed or printed name of registered agent and title, 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

TITLE	PVTD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARGARITA	
STREET ADDRESS	8452 S.W. 24TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARITA GONZALEZ	
STREET ADDRESS	8450 SW 24 STREET	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margarita Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)