

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096871

1. Entity Name

MAXICARE MEDICAL, INC.

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90008 019 \*\*\*550.00

Principal Place of Business

8556 SW 8TH STREET  
 MIAMI FL 33144

Mailing Address

8556 SW 8TH STREET  
 MIAMI FL 33144-053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0798352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZ, MARIA C  
~~10309 NW 9 ST CIR.~~  
~~102~~  
 MIAMI FL 33172

Name

PEREZ, MARIA C

Street Address (P.O. Box Number is Not Acceptable)

8775 SW 8TH PL

City

MIAMI

FL

33165

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

6-10-00

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 P  
 NAME PEREZ, MARIA C  
 STREET ADDRESS ~~10309 NW 9 ST CIR.~~ 8775 SW 8TH PL  
 CITY-ST-ZIP MIAMI FL 33172 MIAMI FL 33165

TITLE  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-00

Date

305 263-9200

Daytime Phone #

CR/E034 (\$99)