

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027834

1. Entity Name

COMPLETE MEDICAL CARE CENTER, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90013 019 ***150.00

Principal Place of Business

Mailing Address

1350 EAST 4TH AVE
HIALEAH FL 33010

1350 EAST 4TH AVE
HIALEAH FL 33010-3526

2. Principal Place of Business
42 N.W. 27TH AVE.

3. Mailing Address
42 N.W. 27TH AVE.

Suite, Apt. #, etc.
SUITE 301

Suite, Apt. #, etc.
SUITE 301

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-0858354**

Applied For
Not Applicable

Zip
33125

Country
USA

Zip
33125

Country
USA

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

GUILARTE, CLARA
1350 EAST 4TH AVE
HIALEAH FL 33010

Name
CLARA GUILARTE

Street Address (P.O. Box Number is Not Acceptable)
42 N.W. 27TH AVE.

SUITE 301

City **MIAMI** **FL** Zip Code **33125**

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 *Clara Guilarte*

5/1/2000

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GUILARTE, CLARA**
STREET ADDRESS **1350 EAST 4TH AVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **42 N.W. 27TH AVE. #301**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Clara Guilarte*

CLARA GUILARTE

5/1/2000

(305)443-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #