2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State
06-08-2001 90006 043 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000044562

1. Entity Name
UNIVERSAL MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
7801 S.W. 24ST #107 MIAMI, FL. 33155	7801 S.W. 24ST. #107 MIAMI, FL. 33155

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0840922 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROQUE, HECTOR A.
1157 NW. 133RD AVENUE
PEMBROKE PINES, FL. 33028

7. Name and Address of New Registered Agent

Name: MARITZA M. ROQUE
Street Address (P.O. Box Number is Not Acceptable): 7801 S.W. 24ST #107
City: MIAMI **FL** Zip Code: 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 _____ (Signature, type 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, 2001 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	P D ROQUE, HECTOR A. 1157 NW. 133RD AVE PEMBROKE PINES, FL. 33028	☐ Delete	V T D ROQUE, HECTOR A. 1525 S.W. 99 COURT MIAMI, FL. 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D ROQUE, MARITZA M. 1157 NW. 133RD AVE. PEMBROKE PINES, FL. 33028	☐ Delete	P S D ROQUE, MARITZA M. 15255 S.W. 99 COURT. MIAMI, FL. 33174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROQUE MIGUEL A. 8095 N.W. 8ST. #404 MIAMI, FL. 33126	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROQUE FELIX A. 8095 NW. 8ST #404 MIAMI FL. 33126	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 6/6/01 (786) 295-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR