

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P 98000052693

1. Entity Name

All Med Medical Center, Inc.

Principal Place of Business

Mailing Address

2100 W. 68th Street.

Hialeah, Fl. 33016

2. Principal Place of Business

2100 W. 68th St.

Suite, Apt. #, etc.

3. Mailing Address

2100 W. 68th St.

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

City & State

Hialeah, Fl.

4. FEI Number

65-0847563

Applied For

Not Applicable

Zip

33016

Country

Dade

Zip

33016

Country

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE L.

2978 S.W. 5th St.

Miami, Fl. 33135

7. Name and Address of New Registered Agent

Name
LARA, MARLON K.

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

2100 W. 68 St.

City

Hialeah

FL

Zip Code

33016

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
RODRIGUEZ, JOSE L. ☒ Delete
2978 S.W 5th St.
Miami, Fl. 33135.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LARA, MARLON K. ☐ Delete
2100 S.W. 5th St.
Hialeah, Fl. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

DATE

Daytime Phone #

CR2E034 (9/99)