

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90009 018 ***150.00

DOCUMENT # P98000075872

1. Entity Name
H.M. MEDICAL CONSULTANTS, P.A.

Principal Place of Business
150 SE 2ND AVENUE SUITE 1200
MIAMI FL 33131

Mailing Address
150 SE 2ND AVENUE SUITE 1200
MIAMI FL 33131

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 **65-0867142**

Applied For
 Not Applicable

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

MALDONADO, HECTOR M
14657 SW 139TH PLACE
MIAMI FL 33186

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hector M. Maldonado*
 Signature, typed or printed name of registered agent and title if applicable.

HECTOR M. MALDONADO, REGISTERED AGENT

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **MALDONADO, HECTOR M**
 STREET ADDRESS **25 SOUTHEAST 2ND AVENUE, SUITE 220**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **MALDONADO, HECTOR M.**
 STREET ADDRESS **150 SE 2ND AVENUE, SUITE #1200**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Hector M. Maldonado* **HECTOR M. MALDONADO, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

871280

Attachment

H.M. MEDICAL CONSULTANTS, P.A.

150 SE 2ND AVENUE, SUITE #1200
MIAMI, FL 33131

August 28, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

**RE: H.M. MEDICAL CONSULTANTS, P.A.
2002-UNIFORM BUSINESS REPORT
DOCUMENT #P98000075872**

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 and my 2002 Uniform Business Report.

We moved and apparently the post office did not forward our report, because we did not receive it.

I would like to respectfully request that you reverse the penalty and file our report for the year 2002.

Thank you for your assistance in this matter.

Sincerely,

Hector M. Maldonado

Hector M. Maldonado

Enclosures