

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90042 013 ***150.00

DOCUMENT # P98000082130

1. Entity Name

PRO-MED MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

10550 NW 77TH CT
SUITE #224
HIALEAH GARDENS FL 33016

10550 NW 77TH CT
SUITE #224
HIALEAH GARDENS FL 33016-2071
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15175 EAGLE NEST LN.

3. Mailing Address

15175 EAGLE NEST LN

Suite, Apt. #, etc.

SUITE # 108

Suite, Apt. #, etc.

SUITE # 108

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

U.S.

Zip

33014

Country

U.S.

4. FEI Number

65-0865563

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

DE LA HOZ, GRACE

10550 NW 77TH CT

SUITE #224

HIALEAH GARDENS FL 33016

Name

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

15175 EAGLE NEST LN

SUITE # 108

City

MIAMI LAKES

FL

Zip Code

33014

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

Grace De La Hoz V.P. 4/18/2000

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 ☐ Delete

PD
NAME SERENO, CARIDAD
STREET ADDRESS 7825 NORTH WEST 174TH STREET
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete

VPSD
NAME ORTEGA, NANCY
STREET ADDRESS 710 SOUTH WEST 60TH AVENUE
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete

VPTD
NAME DE LA HOZ, GRACIELA
STREET ADDRESS 9582 SOUTH WEST 1ST TERRACE
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 15175 EAGLE NEST LN. SUITE # 108
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 15175 EAGLE NEST LN. SUITE # 108
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Grace De La Hoz (VICE PRESIDENT) 4/18/00
305 821-1107

CR2E034 (9/99)