

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082687

1. Entity Name

FLORIDA MEDICAL RESOURCES, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90013 024 ***150.00

Principal Place of Business

Mailing Address

5331 S.W. 8TH STREET
CORAL GABLES FL 33134

8501 NW 172 ST
MIAMI FL 33015-3749

HUUU4061



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3628 NW 7ST.

4281 SW 5 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0858054

Applied For

Not Applicable

Zip Country
33125 U.S.A.

Zip Country
33134 U.S.A.

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

SANTAMARIA, JOHN F
8501 NW 172 ST
MIAMI FL 33015

Name
Arlene Santamaria
Street Address (P.O. Box Number is Not Acceptable)
4281 SW 5 Terrace

City
Miami

FL

Zip Code
33134

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

A. Santamaria
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/5/99
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SANTAMARIA, JOHN F
8501 NW 172 ST
MIAMI FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/D
ARLENE A. SANTAMARIA
4281 SW 5 TERR
MIAMI FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SANTAMARIA, ARLENE A
4281 SW STREET
MIAMI FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SANTAMARIA, ARACELI
4281 SW 5 TERR
MIAMI FL 33134 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SANTAMARIA, MANUEL S
4281 SW 5 TERR
MIAMI FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

A. Santamaria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/99 (305) 445-4832
Date Daytime Phone #

CR2E034 (9/99)