

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087737

1. Entity Name

M.D. MANAGEMENT SERVICES INC.

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90096 027 ***150.00

Principal Place of Business

Mailing Address

7185 WEST 10TH COURT
HIALEAH FL 33014

7185 WEST 10TH COURT
HIALEAH FL 33014

2. Principal Place of Business

3972 NW 36 st.

3. Mailing Address

3972 NW 36 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

Dade

Zip

33142

Country

Dade

4. FEI Number

65-0871438

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

JIMENEZ, CARLOS O
7185 WEST 10TH COURT
HIALEAH FL 33014

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME JIMENEZ, CARLOS O
STREET ADDRESS 7185 WEST 10TH COURT
CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

TITLE D
NAME LARDIS LLAMO
STREET ADDRESS 7185 WEST 10 COURT
CITY-ST-ZIP HIALEAH, FL 33014 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME Jimenez, CARLOS O
STREET ADDRESS 7185 WEST 10 COURT
CITY-ST-ZIP HIALEAH, FL 33014 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Mirta ALVAREZ
STREET ADDRESS 6450 COLLINS AVE #PH2
CITY-ST-ZIP Miami Beach, FL 33141 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #