

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104579

1. Entity Name

NEW DIMENSION CLINIC, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90048 039 \*\*\*150.00

Principal Place of Business

Mailing Address

2109 SOUTHWEST 27TH AVENUE  
 MIAMI FL 33145

2109 SOUTHWEST 27TH AVENUE  
 MIAMI FL 33145-3415

C0028212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

65-0934060

Zip

Country

Zip

Country

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

AMERILAWYER  
 340 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name: SAINIS GUERRA

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

2109 S.W. 27 Ave M

City MIAMI

FL

Zip Code 33145

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 PSD  
 NAME GUERRA, SAINIS ☒ Delete  
 STREET ADDRESS 340 ALMERIA AVE - 2109 S.W. 27 Ave  
 CITY-ST-ZIP CORAL GABLES FL MIAMI, FL 33145

TITLE D/S  
 NAME SAINIS GUERRA ☒ Change ☐ Addition  
 STREET ADDRESS 2109 S.W. 27 Ave  
 CITY-ST-ZIP MIAMI, FL 33145

TITLE T  
 NAME PEREZ-BORRERO, SERGIO ☒ Delete  
 STREET ADDRESS 340 ALMERIA AVE.  
 CITY-ST-ZIP CORAL GABLES FL

TITLE  
 NAME ABEL GUERRA ☐ Change ☒ Addition  
 STREET ADDRESS 2109 S.W. 27 Ave  
 CITY-ST-ZIP MIAMI, FL 33145

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

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

SAINIS GUERRA

2/22/00 305-250-9939

Date

Daytime Phone #

CR2E034 (9/99)