

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012190

1. Entity Name

SANTA FE MEDICAL SERVICES, INC.

**FILED**  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90066 011 \*\*\*150.00

Principal Place of Business

8045 NW 7TH STREET, STE. 402  
MIAMI FL 33126

Mailing Address

8045 NW 7TH STREET, STE. 402  
MIAMI FL 33126-4031

2. Principal Place of Business

7950 NW 185 St  
Suite, Apt. #, etc.

3. Mailing Address

7950 NW 185 St  
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

105-0894262

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SARCEDO, EDUARDO  
8045 NW 7TH STREET, STE. 402  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

MILDRE MESA

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

7950 NW 185 St

City

MIAMI

FL

Zip Code

33015

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

*Mildre Mesa*  
Signature, typed or printed name of registered agent and title if applicable.

MILDRE MESA/PRESIDENT

1/25/00

(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

TITLE PD  
NAME SARCEDO, EDUARDO  
STREET ADDRESS 8045 NW 7TH STREET, STE. 402  
CITY-ST-ZIP MIAMI FL 33126

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME MILDRE MESA  
STREET ADDRESS 7950 NW 185 St  
CITY-ST-ZIP MIAMI, FL 33015

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Eduardo Sarcedo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/00

Daytime Phone #

(305) 556-0108

CR2E034 (9/99)