

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020290

1. Entity Name
THE SOUTH FLORIDA CLINICAL RESEARCH GROUP, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90155 008 ***150.00

Principal Place of Business

**4045 SHERIDAN AVENUE
SUITE 180
MIAMI BEACH FL 33140**

Mailing Address

**4045 SHERIDAN AVENUE
SUITE 180
MIAMI BEACH FL 33140**

838694



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1321 NW 14th St
Suite, Apt. #, etc.
602**

3. Mailing Address

**1321 NW 14th St.
Suite, Apt. #, etc.
602**

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number **65-0913281**

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

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

**JENKS, ISIAH
4045 SHERIDAN AVENUE
SUITE 180
MIAMI BEACH FL 33140**

Name

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

1321 NW 14th St.

City

Miami

FL

Zip Code

33125

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

Isiah Jenks

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

(NOTE: Registered Agent signature required when reinstating)

3/22/01

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, 2001 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	<input type="checkbox"/> Delete
NAME	LANG, ERIC MD	
STREET ADDRESS	4045 SHERIDAN AVENUE, SUITE 180	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKS, ISIAH	
STREET ADDRESS	4045 SHERIDAN AVENUE, SUITE 180	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, HUGO MD	
STREET ADDRESS	4045 SHERIDAN AVENUE, SUITE 180	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Isiah Jenks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

305/772-8330

Daytime Phone #

CR2E034 (10/00)