

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030232

1. Entity Name

METROPOLITAN MEDICAL CENTER, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90018 001 ***550.00

Principal Place of Business

150 N.W. 32ND AVENUE
 MIAMI FL 33125

Mailing Address

150 N.W. 32ND AVENUE
 MIAMI FL 33125

2. Principal Place of Business

42 W 27 AVE

3. Mailing Address

42 W 27 AVE

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

City & State

MIAMI FL

City & State

MIAMI FLORIDA

4. FEI Number

65-0908518

Applied For

Not Applicable

Zip

33125

Country

Zip

33125

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CHEFFY
 150 N.W. 32ND AVENUE
 MIAMI FL 33125

7. Name and Address of New Registered Agent

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

Cheffy Fernandez

CHEFFY FERNANDEZ, PSD

7/14/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD
 NAME FERNANDEZ, CHEFFY
 STREET ADDRESS 150 N.W. 32ND AVENUE
 CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE VTD
 NAME DIEZ, FRANCISCO
 STREET ADDRESS 150 N.W. 32ND AVENUE
 CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

CHEFFY FERNANDEZ

7/14/00 305-643 7393

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #