

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034083

1. Entity Name  
SOUTHEAST HEALTH MANAGEMENT CONSULTANTS, INC. ✓

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90109 018 \*\*\*150.00

Principal Place of Business  
112 MADEIRA AVENUE  
CORAL GABLES FL 33134

Mailing Address  
112 MADEIRA AVENUE  
CORAL GABLES FL 33134

18803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5301 S.W. 7th St  
Suite, Apt. #, etc.

3. Mailing Address  
5301 S.W. 7th St  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number  
APPLY FOR

Applied For  
Not Applicable

Zip  
33134

Country  
DADE

Zip  
33134

Country  
DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
REYES, MANUEL  
112 MADEIRA AVENUE  
CORAL GABLES FL 33134  
*caution*  
*chris*

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 \_\_\_\_\_  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	REYES, MANUEL	112 MADEIRA AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
V	PINEIRO, MANUEL	112 MADEIRA AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
ST	CUETARA, DULCE	112 MADEIRA AVENUE	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_