

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

FILED
May 04, 2000 8:00 am
Secretary of State

03-22-2000 90062 049 ***150.00

DOCUMENT # P99000034989

1. Entity Name

MIAMI AESTHETIC CLINIQUE, INC.

Principal Place of Business

201 S. BISCAYNE BLVD., 20TH FLOOR
 MIAMI FL 33131

Mailing Address

201 S. BISCAYNE BLVD., 20TH FLOOR
 MIAMI FL 33131-4325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0931809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQ.
 201 S. BISCAYNE BLVD., 20TH FLOOR
 MIAMI FL 33131

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 \$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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D Rebecca Martinez, M.D.
STREET ADDRESS	4300 Alton Road, #850
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D Javier Gutierrez, M.D.
STREET ADDRESS	4300 Alton Road, #850
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D Mauricio Bitran, M.D.
STREET ADDRESS	4300 Alton Road, #850
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/D Emmanuela Wolloch, M.D.
STREET ADDRESS	4300 Alton Road, #850
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T/D Jamilet M. Ayers
STREET ADDRESS	4300 Alton Road, #850
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a similar like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)