

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90461 042 ***158.75

DOCUMENT # P99000037662

1. Entity Name

ALLAPATTAH MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

2409 N. W. 17th AVE.
MIAMI, FL. 33142

P. O. Box 14-1416
CORAL GABLES, FL. 33114-1416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

FELUREN, MARK S.
ONE FINANCIAL PLAZA, SUITE # 1500
FT. LAUDERDALE, FL. 33394

Name **Cecilio F. Gonzalez**

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

6932 Sunrise Terrace

City

Coral Gables,

FL

Zip Code
33133

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 **Cecilio F. Gonzalez, Secretary**

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

(NOTE: Registered Agent Signature required when reinstating)

June 21st, 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AGUILAR, JUAN C.	
STREET ADDRESS	2409 N.W. 17TH AVE	
CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, CECILIO F.	
STREET ADDRESS	2409 N. W. 17TH AVE	
CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

Cecilio F. Gonzalez
Director

6-21-2000

(305) 633-9494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

ALLAPATTAH MEDICAL SERVICES, INC.
P. O. BOX 14-1416
CORAL GABLES, FLORIDA 33114-1416
TELEPHONE: (305) 633-9494
FACSMILE : (305) 633-9244

Attachment
DH 99 9000037662
DW 68209

Miami, Florida
June 21st, 2000

VIA CERTIFIED MAIL # Z188-591-792

Florida Department Of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 6327
Tallahassee, Florida 32314-0000

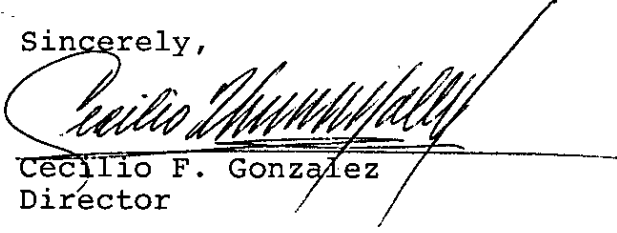
Re: Filing UBR YR:2000 FOR ALLAPATTAH MEDICAL SERVICES, INC.
DOCUMENT # P99000037662



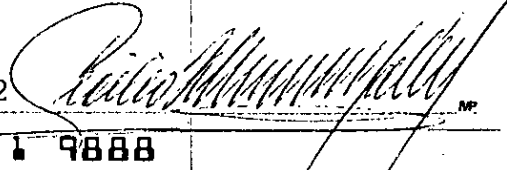
Dear Sirs/Madam:

Enclosed please find my personal check # 9888 in the amount of \$158.75 covering the filing fee plus \$8.75 for the certificate of status, for the year 2000.

I am filing late because I never received the filing form, until I requested on June 15-2000.

Sincerely,


Cecilio F. Gonzalez
Director

DOCUMENT # P99000037662	ALLAPATTAH MEDICAL SERVICES, INC.	9888
CECILIO F. GONZALEZ OR RAQUEL M. GONZALEZ P.O. BOX 141443 305-667-6816 CORAL GABLES, FL 33114-1443	Date <u>June 21st, 2000</u>	63-1139/660 01
Pay to the Order of <u>FLORIDA DEPARTMENT OF STATE, DIV. OF CORP.</u>	\$ <u>158.</u> ⁷⁵ / _{XX}	
<u>ONE HUNDRED FIFTY EIGHT AND XX</u>	Dollars	
 OCEAN BANK 780 N W 42ND AVE. MIAMI, FLORIDA 33126		
For YR:2000 UBR DOCUMENT #P99000037662		
⑆066011392⑆ 0100741418⑆11 9888		