2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 90225 032 ***150.00

659569

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000041144

1. Entity Name UNICO MEDICAL BILLING SERVICES, INC

Principal Place of Business	Mailing Address
6227 SW 131 PLACE Suite 101 MIAMI Fl. 33183	6227 SW 131 PLACE Suite 101 MIAMI Fl. 33183
2. Principal Place of Business: 13011 SW 82 St	3. Mailing Address: 13011 SW 82 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI Fl.	City & State: MIAMI
Zip: 33183 Country: DADE	Zip: 33183 Country: DADE

4. FEI Number 65-0916804 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, HECTOR
1800 WEST 49TH Street.
Suite 213
MIAMI Fl 33012

7. Name and Address of New Registered Agent

Name: VAZQUEZ HECTOR
Street Address (P.O. Box Number is Not Acceptable): 1790 WEST 49 ST. Suite 217
City: HIALEAH FL Zip Code 33012

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 ______________ 04-28-01
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VAZQUEZ, NAYVI 6227 SW 131 PLACE Suite 101 MIAMI Fl 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAZQUEZ NAYVI 13011 SW 82 St. MIAMI Fl 33183 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________ 04-28-01 305-401-1634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #