

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049931

1. Entity Name

MIAMI FEEDING & SPEECH CLINIC, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90117 005 \*\*\*150.00

Principal Place of Business

Mailing Address

21337 SOUTHWEST 92ND AVENUE  
 MIAMI FL 33189

21337 SOUTHWEST 92ND AVENUE  
 MIAMI FL 33189-3823

2. Principal Place of Business

3. Mailing Address

10700 Caribbean Blvd.

10700 Caribbean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 211

Suite 211

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33189

USA

33189

USA

4. FEI Number

65-0924058

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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)

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**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.

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**\$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  
 PTD  
 MONTOYA, DIGNA  
 21337 SOUTHWEST 92ND AVENUE  
 MIAMI FL 33189

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 CEO  
 DAWSON, CLARA V  
 21337 SOUTHWEST 92ND AVENUE  
 MIAMI FL 33189

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 DAWSON, CLARA V  
 21337 SOUTHWEST 92ND AVENUE  
 MIAMI FL 33189

☐ Delete

TITLE  
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-242-0886