

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90023 048 ***158.75

DOCUMENT # P99000051852

1. Entity Name

EL AMPARO MEDICAL INC.

Principal Place of Business

Mailing Address

12880 SW 53RD ST
 MIAMI FL 33175

12880 SW 53RD ST
 MIAMI FL 33175-5416

2. Principal Place of Business

9542 SW 137 Ave

Suite, Apt. #, etc.

3. Mailing Address

9542 SW 137 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33186

Dade

Zip

Country

33186

Dade

4. FEI Number

65-0935791

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLEGAS, AMPARO
12880 SW 53RD ST
MIAMI FL 33175

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILLEGAS, AMPARO	
STREET ADDRESS	12880 SW 53RD ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILLEGAS, ALVARO	
STREET ADDRESS	12880 SW 53RD ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOREJON, ISABEL C	
STREET ADDRESS	12880 SW 53RD ST	
CITY-ST-ZIP	MIAMI FL 33175	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)