

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/30/00-90045-034-5150.00-5150.00

DOCUMENT # P99000052166

1. Entity Name

FAMILY MEDICAL PLUS SERVICES, INC.

FILED

00 JUN 29 AM 11:37

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

15-A WEST CANAL STREET NORTH  
BELLE GLADE FL 33430

11348 QUAIL ROOST DRIVE  
MIAMI FL 33157-6567

2. Principal Place of Business

11348 Quail Roost Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL.

City & State

4. FEI Number

65-0927771

Applied For

Not Applicable

Zip  
33157

Country  
Dade

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

SIERRA, VICTOR  
11348 QUAIL ROOST DRIVE  
MIAMI FL 33157

Name

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

11348 Quail Roost Drive

City  
Miami

FL

Zip Code  
33157

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

*Victor Sierra*

Victor Sierra

1/10/2000

Signature, typed or printed name of registered agent and true 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, VICTOR 11348 QUAIL ROOST DR. MIAMI FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Victor Sierra* Victor Sierra

1/10/2000

305-477-2750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

TS