

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2000 8:00 am
Secretary of State

04-27-2000 90052 048 ***158.75

DOCUMENT # P99000058061

1. Entity Name

GLOBAL MEDICAL ACCESS, INC.

Principal Place of Business

**444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131-2472**

2. Principal Place of Business

6711 S.W. 5TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

6711 S.W. 5TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

4. FEI Number

65-0933694

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MERKIN, STEWART A
444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **DANIEL L. MARTINEZ**

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

6711 S.W. 5TH TERRACE

City

MIAMI

FL

Zip Code

33144

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

DANIEL MARTINEZ

(NOTE: Registered Agent signature required when reinstating)

5/12/2000

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

TITLE **PRESIDENT / DIRECTOR** ☐ Delete

NAME **DANIEL L. MARTINEZ**
STREET ADDRESS **6711 S.W. 5TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE **SECRETARY / TREASURER / DIRECTOR** ☐ Delete

NAME **AUGUSTO A. CERVERA**
STREET ADDRESS **1838 LEXINGTON STREET**
CITY-ST-ZIP **PETALUMA, CA 94954**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

sec. treasurer

Date

4/17/2000

Daytime Phone #

650-373-7020

CR2E034 (9/99)