

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060226

1. Entity Name

LIBRA MEDICAL BILLING, INC.

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

02-02-2000 90031 005 ***158.75

Principal Place of Business

Mailing Address

15104 SW 159TH PLACE
FL 33196

15104 SW 159TH PLACE
MIAMI FL 33196-5753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13255 S.W. 137ave

3. Mailing Address

13255 S.W. 137ave

Suite, Apt. #, etc.

Suite 212

Suite, Apt. #, etc.

Suite 212

City & State

Miami

City & State

Miami

4. FEI Number

65-094 3616

Applied For

Not Applicable

Zip

33186

Country

Dade

Zip

33186

Country

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MANUEL A
15104 SW 159TH PLACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

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

13255 S.W. 137ave

Suite 212

City

Miami

FL

Zip Code
33186

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MARTINEZ, MANUEL A	
STREET ADDRESS	15104 SW 159TH PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARTA I	
STREET ADDRESS	15104 SW 159TH PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13255 S.W. 137ave # 212	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13255 S.W. 137ave # 212	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

Manuel A. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/2000

Daytime Phone #

(305) 252-1524

CR2E034 (9/99)