

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061055

1. Entity Name

Integrated Plus Center Corporation

Principal Place of Business

Mailing Address

1221 Brickell Avenue
24th Floor
Miami, Florida 33131

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

Same

City & State

Same

Zip

Same

Country

Same

Zip

Same

Country

Same

4. FEI Number

65-0936823

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Pedro A. Martin, Esq.
Greenberg Traurig, P.A.
1221 Brickell Avenue
Miami, Florida 33131

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]

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 \$60.00
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 Dr.
NAME Orlando Valdes
STREET ADDRESS 1221 Brickell Avenue
CITY - ST - ZIP Miami, Florida 33131 ☒ Delete

TITLE D
NAME Celia Guillen
STREET ADDRESS 1221 Brickell Avenue
CITY - ST - ZIP Miami, Florida 33131 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE D
NAME Jackson Augustin
STREET ADDRESS 9610 West Heather Lane
CITY - ST - ZIP Hollywood, Florida 33025 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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)(f), 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 507, 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]

Jackson Augustin

7-500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JUL -6 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (9/99)

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07/17/00 01145-008
***550.00 ***550.00

LS