

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90153 030 ***150.00

DOCUMENT # P99000063096

1. Entity Name

PERFECT MEDICAL GROUP, INC.

Principal Place of Business

1800 WEST 49TH STREET
SUITE 118
HIALEAH FL 33012

Mailing Address

1800 WEST 49TH STREET
SUITE 118
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 69-0934137

Applied For

Not Applicable

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

VALDES, GRICEL
1800 WEST 49TH STREET
SUITE 118
HIALEAH FL 33012

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 *Grice Valdes President*

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, 2001 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 ☒ Delete
NAME VALDES, ERNESTO A
STREET ADDRESS 1825 W 44TH PL #911
CITY-ST-ZIP HIALEAH FL 33012

TITLE President ☒ Change ☐ Addition
NAME Grice Valdes
STREET ADDRESS 1825 W 44th Pl #911
CITY-ST-ZIP Hialeah, FL 33012

TITLE DST ☒ Delete
NAME VALDES, GRICEL
STREET ADDRESS 1825 W 44TH PL #911
CITY-ST-ZIP HIALEAH FL 33012

TITLE V. President ☐ Change ☒ Addition
NAME Erdis Sanabria
STREET ADDRESS 760 Valencia Ave #1
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Erdis Sanabria*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/01

Date

(305) 557 0118

Daytime Phone #

CR2E034 (10/00)