

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064098

1. Entity Name

F.A.D. MEDICAL BILLING SERVICES, INC.

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90002 032 ***150.00

Principal Place of Business

7001 BISCAYNE BLVD. 2ND FLOOR
MIAMI FL 33138

Mailing Address

7001 BISCAYNE BLVD. 2ND FLOOR
MIAMI FL 33138

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

65-0937698

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

MILLER, FAITHLYN
677 NE 24TH STREET
APT #307
MIAMI FL 33137

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
MILLER, FAITHLYN
6774 NE 24TH STREET APT. 307
MIAMI FL 33137 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
MILLER, DESRICK
6774 NE 24TH STREET APT. 307
MIAMI FL 33137 ☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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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)(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

FAITHLYN MILLER

7-10-00

Date

757-3955
305 7628

Daytime Phone #

CR2E034 (5/00)



Attachment
0# P99000064098
00071240

F. A. D. MEDICAL BILLING SERVICE, INC.

7001 Biscayne Boulevard
Miami, Florida 33138

Phone: (305) 757-3955

Fax: (305) 757-4578

July 10, 2000

As per my conversation today with John in your customer service department today, in regards To this 2000 UNIFORM BUSINESS REPORT, IT SAID SECOND NOTICE. I have never received a 1st notice, and as you can see this is a brand new Corporation, I was never aware of a yearly renewal fee or notice.

As per John request encloses is a check for \$150.00.

Sincerely

Faithlyn Miller
President
F.A.D. Medical Billing Service, Inc.