

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069264

1. Entity Name

DADE MEDICAL INSTITUTE, INC.

P

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

07-18-2000 90014 035 ***150.00

Principal Place of Business

125 CADIMA AVENUE
CORAL GABLES FL 33134

Mailing Address

125 CADIMA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PEREZ, ERNESTO A
125 CADIMA AVENUE
CORAL GABLES FL 33134

4. FEI Number

65-0939218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME PEREZ, ERNESTO A
STREET ADDRESS 125 CADIMA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD ☐ Delete
NAME GILMORE, MIRIAM
STREET ADDRESS 125 CADIMA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Change ☐ Addition
NAME
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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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2000 (305) 644-9477
Date Daytime Phone #

PMU000064264

A0068014

Dade Medical Institute

3401 NW 7TH STREET

MIAMI FL. 33125

PH: (305) 644-1171 FAX:(305) 644-1129

7.13.2000

TO WHOM IT MAY CONCERN,

**I CALLED TO EXPLAIN THAT WE NEVER
RECEIVED OUR ORIGINAL UNIFORM BUISNESS REPORT SO WE WERE
NOT AWARE OF THE NEED TO SEND IN THE FEE. THE LADY I SPOKE TO
IN YOUR DEPARTMENT SAID TO WRITE THIS LETTER OF EXPLANATION
AND TO GO AHEAD AND SEND THE ORIGINAL FEE.**

IF THIS IS NOT POSSIBLE PLEASE ADVISE AT THE ABOVE #'S

SINCERELY,


**ERNESTO PEREZ
DIRECTOR**