

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 099000071317

1. Entity Name
SUPER MEDICAL CENTER INC.

FILED

01 MAR -5 PM 12:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1451 S.W. 1ST
Mailing Address 1451 S.W. 1ST

2. Principal Place of Business MIAMI FL 33135
 Suite, Apt. #, etc. same

3. Mailing Address MIAMI FL 33135
 Suite, Apt. #, etc. same

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0942841 **Applied For** ☐ **Not Applicable** ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUIS A. ROMERO
1451 S.W. 1ST
MIAMI FL. 33135

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 \$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

TITLE <u>PD</u>	NAME <u>LUIS A. ROMERO</u> <input type="checkbox"/> Delete
STREET ADDRESS <u>1451 S.W. 1ST</u>	CITY-ST-ZIP <u>MIAMI FL 33135</u>
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] **3-1-01** **305 631-0000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #