

2000 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # P99000071336

1. Entity Name
INTER AMERICAN MEDI CLINIC & REHAB, INC.

FILED
00 AUG -2 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4058- 60 WEST 12TH AVENUE
HIALEAH FL 33012

Mailing Address
4058- 60 WEST 12TH AVENUE
HIALEAH FL 33012

2. Principal Place of Business
2140 West Flagler St.

3. Mailing Address
2140 West Flagler St.

Suite, Apt. #, etc.
107

Suite, Apt. #, etc.
107

City & State
MIAMI, Florida

City & State
Miami, Florida

Zip
33135

Country
USA

Zip
33135

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TUYA, JOSE C
201 S.W. 21 AVENUE
APT #6
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 \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUYA, JOSE C		NAME	700003361687--4	
STREET ADDRESS	201 S.W. 21ST AVENUE APT 6		STREET ADDRESS	-08/18/00--01020--016	
CITY-ST-ZIP	MIAMI DL 33135		CITY-ST-ZIP	*****150.00 *****150.00	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ABREU, RACKLIF M		NAME	Reutlinger Adalina B.	
STREET ADDRESS	3800 WEST 6TH AVENUE		STREET ADDRESS	571 SW Central Blvd.	
CITY-ST-ZIP	HIALEAH FL 33012		CITY-ST-ZIP	Miami FL 33144	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	700003361687--4	
STREET ADDRESS			STREET ADDRESS	-08/18/00--01020--017	
CITY-ST-ZIP			CITY-ST-ZIP	*****8.75 *****8.75	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

KE

2d2

InterAmerican Medic Clinic
2140 West Flagler Street #107
Miami, FL 33135
Ph: (305)642-0005 Fax: (305)642-8380

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

We are writing in reference to a letter we received stating that our corporation would be dissolved and we would have to pay a \$600.00 (Six hundred dollars and zero cents) fee.

Please excuse us for not sending the \$150.00 (One hundred dollars and zero cents) fee on time. Due to circumstances beyond our control we were forced to move locations. As if that were not enough we also had a personnel change and the person in charge of paying these things left before doing so. Attached please find a check for the amount due.

If you have any questions, concerns, or require and additional information please feel free to contact our office at your very earliest convenience.

Best regards,



Jose C. Tuya
President
