

4/9/0

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-09-2001 90036 032 ***150.00

DOCUMENT # P99000071336

1. Entity Name

INTER AMERICAN MEDI CLINIC & REHAB, INC.

Principal Place of Business

Mailing Address

2140 WEST FLAGLER ST.
#107
MIAMI FL 331352140 WEST FLAGLER ST.
#107
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0939783**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TUJA, JOSE C
201 S.W. 21 AVENUE
APT #8
MIAMI FL 33135

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TUJA, JOSE C | |
| STREET ADDRESS | 201 S.W. 21ST AVENUE APT 8 | |
| CITY-ST-ZIP | MIAMI FL 33135 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | REUTLINGER, ADALINA B | |
| STREET ADDRESS | 571 SW CENTRAL BLVD. | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEPHEATY de la OSA | |
| STREET ADDRESS | 50 FLAGLER BLVD. | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)