

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90296 030 ***150.00

0618418

DOCUMENT # P99000077249

1. Entity Name

CLINICA DE OCCIDENTE, INC.

Principal Place of Business

Mailing Address

401 MIRACLE MILE
 MIAMI FL 33134
 US

401 MIRACLE MILE
 MIAMI FL 33134
 US

2. Principal Place of Business

3. Mailing Address

8515 NW 29 ST.

8515 NW 29 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33122

DADE

33122

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, J. DAVID
1101 BRICKELL AVE #1100
MIAMI FL 33131

Name **URISE, GILBERTO**

Street Address (P.O. Box Number is Not Acceptable)

8515 NW 29 ST.

City

MIAMI

FL

Zip Code

33122

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARON, AICARDO	
STREET ADDRESS	401 MIRACLE MILE, STE. #403	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	URISE, GILBERTO	
STREET ADDRESS	401 MIRACLE MILE, STE. #403	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OSORIO, JAMES	
STREET ADDRESS	401 MIRACLE MILE STE. #403	
CITY-ST-ZIP	MIAMI FL 33134	
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		

TITLE	VARON, AICARDO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8515 NW 29 ST.	
STREET ADDRESS	MIAMI FL - 33122	
CITY-ST-ZIP		
TITLE	URISE, GILBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8515 NW 29 ST.	
STREET ADDRESS	MIAMI FL, 33122	
CITY-ST-ZIP		
TITLE	OSORIO JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8515 NW 29 ST.	
STREET ADDRESS	MIAMI FL - 33122	
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 #

Feb 28/01 **305-629-8671**

CR2E034 (10/00)