

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90122 005 \*\*\*150.00

**DOCUMENT # P99000077249**

1. Entity Name  
**CLINICA DE OCCIDENTE, INC.**



Principal Place of Business  
**1602 NW 84 AVE  
MIAMI FL 33126  
US**

Mailing Address  
**1602 NW 84 AVE  
MIAMI FL 33126  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0943947**

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

**GILBERTOI, URIBE  
8515 NW 29TH STREET  
MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name **Gilberto Uribe**  
Street Address (P.O. Box Number is Not Acceptable)

**1602 N.W. 84 AVENUE**  
City **Miami** FL Zip Code **33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]**  
Signed, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/12/03.**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VARON, ARCARDO</b>	
STREET ADDRESS	<b>8515 NW 29TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>URIBE, GILBERTO</b>	
STREET ADDRESS	<b>8513 NW 29TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>OSORIO, JAMES</b>	
STREET ADDRESS	<b>8515 NW 29TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VARON, ARCARDO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1602 NW 84 AV.</b>	
STREET ADDRESS	<b>MIAMI, FL 33126</b>	
CITY-ST-ZIP		
TITLE	<b>Uribe, Gilberto</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1602 NW 84 AV.</b>	
STREET ADDRESS	<b>MIAMI, FL 33126</b>	
CITY-ST-ZIP		
TITLE	<b>OSORIO, JAMES</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1602 NW 84 AV.</b>	
STREET ADDRESS	<b>MIAMI, FL 33126</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 12/03 (25) 679.870**  
Date Daytime Phone #

CR2E034 (10/02)