

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED

Aug 29, 2000 8:00 am
Secretary of State

08-14-2000 90001 041 ***150.00

DOCUMENT # P99000079740

1. Entity Name

PROFESSIONAL HEALTH SERVICES OF MIAMI, INC.

P

Principal Place of Business

1800 W. 49 ST., STE. 332
HIALEAH FL 33012

Mailing Address

1800 W. 49 ST., STE. 332
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942546

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERENGUER, ROBERT
4390 MAHOGANY RIDGE DR.
WESTON FL 33331

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>ROBERT BERENGUER</i> <i>4390 MAHOGANY RIDGE DR</i> <i>WESTON FL 33331</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

8/9/00

Date

(305) 826-1200

Daytime Phone #

CR2E034 (5/00)

Professional Health Services
of Miami, Inc.
1800 West 49 Street, Suite 332
Hialeah, FL 33012
Tel. (305) 826-1200

081400
Attachment
DATE 09/01/00 09740
107960

August 9, 2000

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

Dear Sirs:

Please, enclosed you will find a check in the amount of \$150.00 to cover my filing fee.

The reason that my payment is late is because I never received the 1st Notice. I am a relatively new business owner but I am sure I could not have missed such important document. Being new in the building where I rent this office, the postal workers have had trouble delivering the mail as efficiently as its expected and in several occasions I had to retrieve my mail from neighbors.

Sincerely,


Robert Herenguer
President