2000 UNIFORM BUSINESS REPORT (UBR)

Zip 33013 Country Zip 33144 Country 5. Certificate of Status Desired	d For plicable
Principal Place of Business 2149 W. 68TH ST., STE. 309 HALEAH 33916 2. Principal Place of Business 777 EAST 25 STREET Solite, Apt. #, etc. Solite, Apt. #	d For plicable
HALEAH 33916 2. Principal Place of Business 777 EAST 25 STREET 2. Principal Place of Business 777 EAST 25 STREET Suite, Apt. #, etc. 90 BOX 1443 Suite, Apt. #, etc. 90 BOX 1445 City & State	plicable
Suite, Apt. #, etc. Soite,	plicable
City & State HALEAH FL City & State MIAMI FL Country Zip Say Country Zip Say Country Zip Say Country Zip Say Country E. Name and Address of Current Registered Agent FL Signature CHACON JULIO RM.D. 2140 W. 68TH ST., STE. 300 RAMD. 2140 W. 68TH ST., STE. 300 FL City HIALEAH Say City HIALEAH Say City HIALEAH Say City HIALEAH Say City HIALEAH Signature Signat	plicable
MIAMI FL MIAMI FL 65-1946473 Not A Zip 33013 State	plicable
33013 3314 5. Certificate of Status Desired	al
CHACON JULIO RM.D. 2140 W. 68TH ST., STE. 300 RM.D. Street Address (P.O. Box Number is Not Acceptable) 777; FAST 25 STREET City HIALEAH 33016 Signature JULIO RM.D. City HIALEAH Signature, typed or printed name of registered agent and title if applicable a	
33016 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 HILLOR CHACON, MD. PA Signature, ypad or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE CHECK Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE ARBELO-CHACON RONETTE 11. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS T/7 EAST 25 STREET FL 33013 TITLE PTSD Change	
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 JULIO R. CHACON, MD. PA Signature, typic or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make Check Payable to Department of State 11. UP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE 13. ARBELO-CHACON RONETTE 14. STREET ADDRESS 15. OFFICERS AND DIRECTORS IN THE TABORESS 16. Election Campaign Financing Trust Fund Contribution. 16. Change Trust Fund Contribution. 17. Change Trust Fund Contribution. 18. ARBELO-CHACON RONETTE 19. TILLE VP 10. Change Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 10. Change Trust Fund Contribution. 11. OFFICERS AND DIRECTORS IN THE TABORESS TO OFFICERS A	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE 11. Delete 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE 13. ARBELO-CHACON RONETTE 14. STREET ADDRESS 15. OFFICERS AND DIRECTORS IN MAKE 16. Election Campaign Financing Trust Fund Contribution. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE 18. ARBELO-CHACON RONETTE 19. Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 10. Change Trust Fund Contribution. 11. Change Trust Fund Contribution. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE TRUST T	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550,00 Make Check Payable to Department of State. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THIS PROPERTY OF THE PRO	
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TITLE 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iiii).	Addition

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.