2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 08, 2000 8:00 am
Secretary of State
04-07-2000 90053 009 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000082603

1. Entity Name

EDUARDO RAMIREZ, D.C., P.A.

Principal Place of Business	Mailing Address
~~13800 S.W. 8TH STREET~~	~~13800 S.W. 8TH STREET~~
~~SUITE 210~~	~~SUITE 210~~
MIAMI FL 33184	~~MIAMI FL 33184-3032~~

2. Principal Place of Business		3. Mailing Address	
2500 S.W. 107 AVE.		2500 S.W. 107 AVE.	
Suite, Apt. #, etc. 25		Suite, Apt. #, etc. 25	
City & State MIAMI, FL		City & State MIAMI FL	
Zip 33165	Country USA	Zip 33165	Country USA

4. FEI Number 65-0948488 ☐ Applied For ☐ Not Applicable

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
RAMIREZ, MANUEL J	Name
1200 BRICKELL AVENUE	Street Address (P.O. Box Number is Not Acceptable)
SUITE 1440	
MIAMI FL 33131	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 ______________________________ DATE
Signature, typed 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 filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PRESIDENT / OWNER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EDUARDO RAMIREZ	NAME	
STREET ADDRESS	2500 S.W. 107 AVE. SUITE 25	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33165	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: x [signature] EDUARDO RAMIREZ x 3-30-00 x 305 554-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #