

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089682

1. Entity Name

FINLAY MEDICAL PRACTICE INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90038 003 ***150.00

Principal Place of Business

Mailing Address

790 N.E. 121ST STREET
MIAMI FL 33161-6363

790 N.E. 121ST STREET
MIAMI FL 33161-6363

2. Principal Place of Business

666 N.E. 125TH ST. ST 230

3. Mailing Address

SAHE

Suite, Apt. #, etc.

Suite 230.

Suite, Apt. #, etc.

City & State

N. Miami

City & State

FL.

4. FEI Number

65.0954/20.

Applied For

Not Applicable

Zip

33161

Country

U.S.A.

Zip

33161

Country

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

GONZALEZ, YAJAIRA J
790 N.E. 121ST STREET
MIAMI FL 33161-6363

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 \$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	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, YAJAIRA J	
STREET ADDRESS	790 N.E. 121ST STREET	
CITY-ST-ZIP	MIAMI FL 33161-6363	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

01.4.00
(305) 8910045