

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090704

1. Entity Name

MEDWEST PROFESSIONAL CENTER, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90020 050 ***150.00

Principal Place of Business

2500 WESTON ROAD
SUITE 103
WESTON FL 33331

Mailing Address

2500 WESTON ROAD
SUITE 103
WESTON FL 33331-3616

2. Principal Place of Business

3. Mailing Address

2500 WESTON RD.

Suite, Apt. #, etc.

105

City & State

WESTON, FL

Zip

33331

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

Zip

33331

Country

U.S.A.

4. FEI Number

☒ 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

ARVESU, MANUEL M ESQ.
2121 PONCE DE LEON BLVD.
SUITE 920
CORAL GABLES FL 33134

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

MANUEL M. ARVESU

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BRICENO, DOUGLAS
2500 WESTON ROAD SUITE 103
WESTON FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-2000.

Date

Daytime Phone #

CR2E034 (9/99)