

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098767

1. Entity Name

ECUMED HEALTH GROUP, INC.

Principal Place of Business
4778 SOUTHWEST 154TH AVENUE
MIAMI FL 33185

Mailing Address
4778 SOUTHWEST 154TH AVENUE
MIAMI FL 33185

2. Principal Place of Business

687 E 9TH STREET

3. Mailing Address

687 E 9TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALEAH FL

City & State

HALEAH FL

Zip

33010

Country

Zip

33010

Country

4. FEI Number

65-0960210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name AMADOR REYES JR.

Street Address (P.O. Box Number is Not Acceptable)

4778 SW 154AVE.

City

MIAMI

FL

Zip Code

33185

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

AMADOR REYES JR (PRESIDENT)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/01

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REYES, AMADOR JR	
STREET ADDRESS	4778 SOUTHWEST 154TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARRAI, JUAN C	
STREET ADDRESS	4778 SOUTHWEST 154TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GONNELLI, RAUL A	
STREET ADDRESS	4778 SOUTHWEST 154TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAI, JUAN C	
STREET ADDRESS	15103 SW 63 TERR	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONNELLI, RAULA.	
STREET ADDRESS	7801 SW 24 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	GONNELLI GUILLERMO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15103 SW 63 TERR	
STREET ADDRESS	MIAMI, FL 33193	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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:

AMADOR REYES JR

PRESIDENT

305-863-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)