2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
08-08-2000 90095 044 ***150.00

DOCUMENT # S31456

1. Entity Name
NATIONWIDE MEDICAL FINANCE GROUP, INC.

(R)

A0071957

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~799 BRICKELL PLAZA~~ ~~SUITE 603~~ ~~MIAMI FL 33131~~ US	P.O. BOX 347135 CORAL GABLES FL 33234-7135

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0269037 ☐ 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. 2000 SOUTH DIXIE HIGHWAY SUITE 101 MIAMI FL 33131	Name: De la Cal, Marco Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd. Suite 710 City: Coral Gables FL Zip Code: 33134

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] Marco de la Cal
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	DP RUA, CARLOS M. 799 BRICKELL PLAZA #603 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Rua, Carlos M. Po Box 347135 Coral Gables, FL 33234-7135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUA, CARLOS R. 799 BRICKELL PLAZA MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Rua, Carlos R. Po Box 347135 Coral Gables, FL 33234-7135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] Carlos M. Rua 7-28-00 305 569984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#S31456 A0071957

OCEAN BANK
780 N.W. 42nd AVENUE, MIAMI, FLORIDA 33126
Member FDIC

DIRECT ALL INQUIRIES TO: (305) 448-2265
POST OFFICE BOX 44-1140
MIAMI, FLORIDA 33144-1140

1

CUSTOMER NUMBER	PAGE NUMBER
19 6068790095	1 OF 1
STATEMENT PERIOD	FROM 3-31-00 THRU 4-30-00

ID 060
NATIONWIDE MEDICAL
FINANCE GROUP INC
PO BOX 347135
CORAL GABLES FL 33234-7135

ACCOUNT INFORMATION

6068790095 CHECKING NON-PERSONAL

	PREVIOUS BALANCE	3-31-00	9,489.31
+	NUMBER/TOTAL CREDITS	7	10,062.88
-	NUMBER/TOTAL DEBITS	19	12,405.52
-	FEES		.00
	NEW BALANCE		7,146.67

AVERAGE DAILY BALANCE	6,514.15
AVERAGE COLLECTED BALANCE	6,113.70

DESCRIPTIVE TRANSACTIONS

DATE	TRACER	DESCRIPTION	AMOUNT
4-03	14	CASH DEPOSIT	1340.00
4-06	8	MIXED DEP/CASH/CKS	1240.00
4-07	75	MIXED DEP/CASH/CKS	1395.00
4-17	42	CASH DEPOSIT	1470.00
4-19	3	CHECKING DEPOSIT	1090.00
4-21	39	CHECKING DEPOSIT	812.66
4-24	95	MIXED DEP/CASH/CKS	1715.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
3-31	9489.31	4-03	10829.31	4-04	9703.31
4-06	3475.09	4-06	3081.61	4-07	5163.61
4-10	4798.18	4-11	4563.92	4-13	4054.92
4-17	6480.92	4-19	7570.92	4-20	6944.67
4-21	7249.95	4-24	9449.41	4-26	7146.45

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
1927	4-03	143.77-	1927*	4-03	1265.00-
1929	4-03	1245.78-	1929	4-03	1155.00-
1930	4-03	2500.00-	1931	4-04	2640.00-
1932	4-03	2099.80-	1933	4-11	1750.00-
1934	4-03	75.00-	1935	4-06	1477.52-
1936	4-03	397.66-	1937	4-07	625.00-
1938	4-03	550.00-	1939	4-07	1145.00-
1940	4-03	508.36-	1941	4-07	1455.77-
1942	4-03	284.54-	1943	4-20	230.00-
1945*	4-26	1382.96-			480.55-

BEGINNING ON APRIL3,2000, OCEAN BANK WILL BEGIN TO OFFER THEIR OCEANPLUS HOME BANKING RETAIL PRODUCT VIA THE INTERNET. FOR MORE INFORMATION CALL (305)569-5WEB OR TOLL FREE (877)820-5WEB OR AT WWW.OCEANBANK.COM

Attachment #531456 #0071957

OCEAN BANK

780 N.W. 42nd AVENUE, MIAMI, FLORIDA 33126

Member FDIC

DIRECT ALL INQUIRIES TO: (305) 448-2265
POST OFFICE BOX 44-1140
MIAMI, FLORIDA 33144-1140

CUSTOMER NUMBER	PAGE NUMBER
12	1 OF 1
606879005	
FROM	2-29-00
THRU	3-31-00
STATEMENT PERIOD	

ID 060
NATIONWIDE MEDICAL
FINANCE GROUP INC
PO BOX 347135
CORAL GABLES FL 33234-7135

ACCOUNT INFORMATION

606879005 CHECKING NON-PERSONAL

	PREVIOUS BALANCE	2-29-00	6,633.55
+	NUMBER/TOTAL CREDITS	5	10,824.19
-	NUMBER/TOTAL DEBITS	12	7,960.63
-	FEES		.00
	NEW BALANCE		9,489.31
	AVERAGE DAILY BALANCE		8,674.71
	AVERAGE COLLECTED BALANCE		7,706.69

DESCRIPTIVE TRANSACTIONS

DATE	TRACER	DESCRIPTION	AMOUNT
3-10	43	CASH DEPOSIT	2375.00
3-13	85	CHECKING DEPOSIT	264.31
3-17	36	MIXED DEP/CASH/CKS	5279.88
3-22	50	MIXED DEP/CASH/CKS	1220.00
3-31	46	CASH DEPOSIT	685.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
2-29	6633.55	3-09	6423.85	3-10	8248.85
3-13	5068.06	3-16	5266.88	3-17	10834.68
3-21	10679.31	3-22	11899.31	3-24	11169.31
3-29	10754.31	3-31	9489.31		

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
1912	3-29	265.00	1913	3-17	30.00
1914	3-16	550.00	1915	3-13	2645.10
1916	3-09	209.00	1917	3-17	300.00
1918	3-16	601.18	1919	3-21	155.37
1920	3-17	382.00	1921	3-24	730.00
1925*	3-29	150.00	1926	3-31	1950.00

BEGINNING ON APRIL3,2000, OCEAN BANK WILL BEGIN TO OFFER THEIR OCEANPLUS HOME BANKING RETAIL PRODUCT VIA THE INTERNET. FOR MORE INFORMATION CALL (305)569-OWEB OR TOLL FREE (877)320-OWEB OR AT WWW.OCEANBANK.COM

Attachment
#S31456
A00719S7

NATIONWIDE MEDICAL FINANCE, INC.
P.O. BOX 347135
CORAL GABLES, FL 33234-7135
TEL/FAX (305) 567-1800

July 28, 2000

Division of Corporations
Tallahassee, FL 32314

To Whom It May Concern:

Recently, we received another application (UBR 6) for the corporation annual report stating that the fee now is $550.00. We had previously sent a check # 1923 in the amount of $150.00 dated March 21, 2000 along with the application. We checked with our accountant and this check was never cashed, apparently lost in the mail.

Enclosed, please find our bank statements for the month of March and April showing all the checks that have been cashed and check # 1923 is not included. Please waive this late fee we recently got billed for. Also, we are sending another check (check # 1993) to replace the one that got lost.

Your cooperation is appreciated. Should you have any questions please call me at the above mentioned telephone number.

Sincerely,

Omaida Montenegro