

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91010 030 ***150.00

DOCUMENT # S46808

1. Entity Name
MEDICAL OFFICES OF MIAMI LAKES, INC.



Principal Place of Business
**15600 N. W. 67TH AVENUE
SUITE 306
MIAMI LAKES FL 33014**

Mailing Address
**15600 N. W. 67TH AVENUE
SUITE 306
MIAMI LAKES FL 33014**



2. Principal Place of Business

7000 W. 12th Ave

Suite, Apt. #, etc.

#21-22

City & State

HALEAH FL

Zip

33014

Country

USA

3. Mailing Address

7000 W. 12th Ave

Suite, Apt. #, etc.

#21-22

City & State

HALEAH FL

Zip

33014

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0268596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OREASITA-NG, JOSE A
15535 MIAMI LAKEWAY N
#210
HALEAH FL 33014**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **MD** ☐ Delete
NAME **ORCASITA-NG, JOSE**
STREET ADDRESS **15535 MIAMI LAKEWAY NO #210**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 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

1-6-03

Date

305-362-9500

Daytime Phone #

CR2E034 (10/02)