

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S49176

1. Entity Name

CLINICAS FINLAY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90092 020 ***150.00

Principal Place of Business

Mailing Address

8125 NW 53 STREET
SUITE #116
MIAMI FL 33166
US

P.O. BOX 141966
CORAL GABLES FL 33114-1966
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

415 W. 49 ST.

Suite, Apt. #, etc.

City & State

HIALLAH, FL.

City & State

4. FEI Number

65-0266784

Applied For

Not Applicable

Zip

Country

33012

USA

Zip

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

~~DIAZ, MARIALENA~~
8125 NW 53 STREET
SUITE #116
MIAMI FL 33166

Name

OSVALDO MARTINEZ

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

415 W. 49 ST.

City

HIALLAH

FL

Zip Code

33012

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	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, OSVALDO	
STREET ADDRESS	8125 NW 53 STREET, SUITE #116	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPETANAKIS, YVETTE	
STREET ADDRESS	8125 NW 53 ST STE 116	
CITY-ST-ZIP	MIAMI FL 33166	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16020 W. PRESTWICK PLACE
CITY-ST-ZIP	MIAMI LKS, FL. 33014
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16020 W. PRESTWICK PLACE
CITY-ST-ZIP	MIAMI LKS, FL. 33014
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	
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)(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

4/26/00

Date

(305) 592-5583

Daytime Phone #

CR2E034 (9/99)