

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00468

1. Entity Name

ALTO MEDICAL CENTER INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90244 046 \*\*\*150.00

Principal Place of Business

Mailing Address

9600 SW 8TH ST  
SUITE 16  
MIAMI FL 33174

8518 SW 8TH ST.  
STE. 120  
MIAMI FL 33144-4053  
US

2. Principal Place of Business

2441 SW 37 AVE

3. Mailing Address

8518 SW 8 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 120

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 65-0326696

Applied For

Not Applicable

Zip 33145

Country USA

Zip 33144

Country USA

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

MENDOZA, MARTHA  
9600 SW 8TH ST  
MIAMI FL 33174

Name

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

8518 SW 8 STREET STE 120

City

MIAMI

FL

Zip Code

33144

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 *Martha Mendoza*

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

(NOTE: Registered Agent signature required when reinstating)

1-11-2000

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 V  
NAME MENDOZA, H  
STREET ADDRESS 9600 SW 8TH ST #16  
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME MENDOZA, MARTHA  
STREET ADDRESS 8518 SW 8TH STREET STE 120  
CITY-ST-ZIP MIAMI FL 33144

TITLE DP  
NAME MENDOZA, EDUARDO  
STREET ADDRESS 9600 SW 8TH ST., #16  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8518 SW 8TH STREET STE 120  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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: *Eduardo Mendoza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000 (305) 443 0505

Date

Daytime Phone #

CR2E034 (9/99)