

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90015 027 ***150.00

DOCUMENT # **F98000004506**

1. Entity Name
Hospi med Inc ✓

DO NOT WRITE IN THIS SPACE

80093673

| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Place of Business 8770 Sunset Dr. #433 | | 3. Mailing Address 8770 Sunset Dr. | |
| Suite, Apt. #, etc. #433 | | Suite, Apt. #, etc. 433 | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33173 | Country USA | Zip 33173 | Country USA |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|--|
| 4. FEI Number 65-0855322 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Hector Lans**

Street Address (P.O. Box Number is Not Acceptable)
9100 Alenda Drive

City **miami** FL Zip Code **33156**

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 _____ (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) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP Cespedes, Luis Eduardo via Espana N 200, PISO 7 Panama Republic of Panama | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CS De Salcedo, Lilia Aminta via Espana N 200, PISO 7 Panama Republic of Panama | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT Chiro, ALVA ROSA via Espana N 200, PISO 7 Panama Republic of Panama | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ley Cespedes** **4/30/02** **3056659477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)