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FILED
Jun 18, 2002 8:00 am
Secretary of State

05-22-2002 90214 036 ****50.00
05-28-2002 91533 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014278

1. Entry Name: **AMERICAS-MEDISOURCE, LLC**

AMERICAS-MEDISOURCE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Brickell Bay Drive

Suite, Apt. #, etc.

861

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. FEI Number

65-1089681

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Nicolas Aguirre

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

1420 Brickell Bay Drive

Apt.

1207

City

Miami

FL

Zip Code

33131

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

Nicolas Aguirre

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

6-12-02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Manager
Nicolas Aguirre
801 Brickell Bay Dr. #861
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Nicolas Aguirre

Nicolas Aguirre

5/17/02 786-777-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034E (12/01)