

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 045 ***150.00

DOCUMENT # PO10000091075 ✓
1. Entity Name

MedMAR Systems Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7901 S.W. 157 CT. 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIAMI, FL City & State

Zip 33193 Country USA Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1072922 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MEDIN RUIZ-TOLEDO

Street Address (P.O. Box Number is Not Acceptable) 7901 S.W. 157 CT.

City MIAMI FL Zip Code 33193

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] DATE 4/30/02
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
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	<u>PRESIDENT MEDIN RUIZ-TOLEDO 7901 S.W. 157 CT. MIAMI, FL 33193</u>
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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: [Signature] DATE 4/30/02 (305) 280 9739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)