

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

06-24-2002 90299 021 \*\*\*150.00

**DOCUMENT # P01000093709**

1. Entity Name  
**SCITECH MEDICAL CORPORATION**

Principal Place of Business  
**4728 NW 114 AVENUE UNIT 102**  
**MIAMI FL 33178**

Mailing Address  
**4728 NW 114 AVENUE UNIT 102**  
**MIAMI FL 33178**

**39555**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1140143**

Applied For

Not Applicable

Zip

Country

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

**MOREIRA, ALEXANDER M**  
**4728 NW 114 AVENUE UNIT 102**  
**MIAMI FL 33178**

Name

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

City

**FL**

Zip Code

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, 2002 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 **PD**  Delete  
 NAME **MOREIRA, ALEXANDER M**  
 STREET ADDRESS **4728 NW 114 AVENUE UNIT 102**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **DA CUNHA NETO, MELCHIADES**  
 STREET ADDRESS **4728 NW 114 AVENUE UNIT 102**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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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)(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

Date

Daytime Phone #

CR2E034 (9/01)

*Attachment*



SCITECH MEDICAL CORPORATION #pd1000093709  
4728 NW 114 AVENUE UNIT 102  
MIAMI, FL 33178

39555

June 11, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We respectfully request an abatement of penalty for not filing the 2002 Uniform Business Report on time.

We started the corporation on September 2001, but left the U.S. shortly after that. We were not aware about the 2002 UBR until our arrival a few days ago and it was already past due.

Please accept our apologies and explanations, we are enclosing the form along with a check for \$150.00.

Thank you in advance for your assistance on this matter.

Sincerely,

Alexander M. Moreira