

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90125 019 \*\*\*150.00

DOCUMENT # **P94000072163**

1. Entity Name

FINDER'S MEDICAL, INC.

*NEW ADDRESS*  
*PLEASE TAKE NOTE*

Principal Place of Business

**3401**  
~~2237~~ N.W. 7TH STREET  
 MIAMI FL 33125  
 US

Mailing Address

**3401**  
~~2237~~ N.W. 7TH STREET  
 MIAMI FL 33125-4139  
 US

**950559**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3401 NW 7ST**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

4. FEI Number

**65-0534759**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, ERNESTO SR**  
**3650 NW 19TH ST**  
**MIAMI FL 33125**

7. Name and Address of New Registered Agent

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

*Ernesto Perez*  
 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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PEREZ, ERNESTO SR	3650 NW 19TH ST	MIAMI FL 33125	<input type="checkbox"/>
VP	PEREZ, ERNESTO A.	3650 N.W. 19TH STREET	MIAMI FL 33125	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Ernesto Perez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/2000*  
 Date

*305-6449477*  
 Daytime Phone #

CR20004 10/00