2009

STF FL32381F.1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # S57979						
1. Entity Name				FILED		
Chartmed International Co., Inc.				LILLED		
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2. Principal Place of Business	3. Mailing Address	_			*	
7300 N.W. 19th St.	7300 N.W. 19th St.					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Suite 101	Suite 101					
City & State	City & State			FEI Number	Applied For	
Miami, FL	Miami, FL		6	5-0266496	Not Applicable	
Zip Country		Country		Outlife and at Otania Desired	\$8.75 Additional	
33126-1222 USA	33126-1222 U	ISA	5.	Certificate of Status Desired	Fee Required	
DO NOT WRITE IN T	HIS SPACE	• •	7. N	ame and Address of Current Registers	ed Agent	
Name						
del Valle, Manuel R. Street Address (P.O. Box Number is Not Acceptable)						
Street Address (P. 7300 N.W				W. 19th St.		
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City Miami FL Zip Code 33126-122						
	* **	<u> Miam</u>				
The above named entity submits this statemer and accept the obligations of registered agent		its registered of	ice or regis	stered agent, or both, in the State of Florid	da. I am familiar with,	
and accept the obligations of registered agent						
1						
SIGNATURE Signature, typed or printed name of regis	tered agent and title if applicable	(NOTE Regis	tered Acent	signature required when reinstating)	DATE	
January 1 - May 1 Fee is \$150.00	e: I applicable	(NOTE: Negla		aignature required when restauting)	DAIL	
After May 1, Fee is \$550.00	# 17			9. Election Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25				Trust Fund Contribution.	Added to Fees	
 Make Check Payable to Florida Department of 	State	_				
10. OFFICERS AND [DIRECTORS		· ·			
TITLE D/P/S/T		TITLE Z	1. 4			
NAME Salcedo, Rodrigo NAME.			4	600146067	966	
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12. 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 eath; that I am						
an officer or director of the corporation or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an adachment with an address, with full other like empowered.						
appears in soon to or on an avacuation with	an produced, with the Other like	empowered,		- 1 1 1 10		
SIGNATURE: Rodrigo Salcedo 300 305-477-6116						
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #						

Daylime Phone #