

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L81282

1. Entity Name

Q-MED, CORPORATION

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90220 014 \*\*\*550.00

Principal Place of Business

3590 N.W. 54 ST.  
SUITE 3  
FT. LAUDERDALE FL 33309  
US

Mailing Address

% J. CARLOS RODRIGUEZ  
2870 NE 26TH CT  
FT. LAUDERDALE FL 33306  
US

2. Principal Place of Business

3801 SW 30TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3801 SW 30TH AVENUE

Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FL

Zip  
33312

Country  
USA

City & State  
FT. LAUDERDALE, FL

Zip  
33312

Country  
USA

4. FEI Number

65-0205843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, J C  
2870 NE 26TH COURT  
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name  
RODRIGUEZ, J.C.

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

2020 INTRACOASTAL DRIVE

City  
FT. LAUDERDALE

FL

Zip Code  
33305

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> RODRIGUEZ, J. CARLOS 2870 NE 16TH CT FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> AGUERO, MANUEL E. 210 S VICTORIA PARK ROAD FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, J. CARLOS 2020 INTRACOASTAL DRIVE FT. LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/9/00

CR2E034 (5/00)