

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 27 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014278

1. Entity Name  
AMERICAS MEDISOURCE LLC

Principal Place of Business  
1110 BRICKELL AVE., STE. 803  
MIAMI FL 33131

Mailing Address  
1110 BRICKELL AVE., STE. 803  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
801 Brickell Bay Drive

3. Mailing Address  
2665 South Bayshore Drive

Suite, Apt. #, etc.  
Suite 861

Suite, Apt. #, etc.  
Suite 703

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33131

Country  
USA

Zip  
33133

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 S. BAYSHORE DR., STE. 703  
MIAMI FL 33133

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
AGUIRRE, NICOLAS  
1110 BRICKELL AVE., STE. 803  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
801 Brickell Bay Drive, Suite 861  
Miami, Florida 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600004211746-3  
-05/11/01--01073--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Nicolas Aguirre*

Nicolas Aguirre, Manager 3/28/01

(786) 777-0032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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