

FROM :

FAX NO. :

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90364 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97 000003595

1. Entity Name

Implant Technical Support, Inc.

Principal Place of Business

12180 S.W. 131 Ave.
Miami, FL 33186

Mailing Address

12180 S.W. 131 Ave.
Miami, FL 33186

A0070970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

05-0717519

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

Litzzi Martinez
12180 SW 131 Ave
Miami, FL 33186

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE MONTHLY FEE IS \$750.00

AFTER MAY 1, 2001 Fee will be \$550.00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D Litzzi Martinez	12180 SW 131 Ave.	Miami, FL 33186	

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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

15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 007, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an officer-like empowered.

SIGNATURE:

Printed name of person whose name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an officer-like empowered.

CR2E034 (11/00)