

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000019859**

1. Entity Name

A.B.X MEDICAL CORP.

FILED

03 MAY -6 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11371 SW 211 ST

Suite, Apt. #, etc.

#28

City & State

MIAMI, FL

Zip

33189

Country

U.S.A

3. Mailing Address

11371 SW 211 ST

Suite, Apt. #, etc.

#28

City & State

MIAMI, FL

Zip

33189

Country

U.S.A

4. FEI Number

01-0628397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LUIS A. DELGADO

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

11371 SW 211 ST

Suite #28

City

MIAMI FL

FL

Zip Code

33189

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) ☐

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PRESIDENT: Luis A. DELGADO**
NAME **71371 SW 211 ST Suite #28**
STREET ADDRESS **MIAMI FL 33189**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100018837751
05/13/03--01055--014 **150.00

TITLE **VICE PRESIDENT:**
NAME **DEKIS GONZALEZ**
STREET ADDRESS **11371 SW 211 ST Suite #28**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE
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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 on an attachment with an address with or other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #