

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90182 019 ***150.00

DOCUMENT # 611646

1. Entity Name

CARDIOVASCULAR PERFUSIONISTS, INC.

Principal Place of Business

**18901 W OAKMONT DR
 MIAMI FL 33015**

Mailing Address

**18901 W OAKMONT DR
 MIAMI FL 33015**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1885890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WATSON, WILLIAM B. III
 515 N. MAIN ST., SUITE 300
 GAINESVILLE FL**

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PST**
 NAME **RIVERA-SANTIAGO, RENE**
 STREET ADDRESS **18901 W OAKMONT DR**
 CITY-ST-ZIP **MIAMI FL 33015**

☐ Delete

TITLE
 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ 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 #

CR2E034 (9/01)

Attachment
Doc# 11111111
121432

*Country Club of Miami Estates
Miami, Florida 33015
Tel. (305) 829-1872*

January 21, 2002

*Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500*

To Whom it may Concern

*This letter is to inform the division of Corporations that in the Month of
May, 2002 Cardiovascular Perfusionist, Inc. will be close off.
May 20, 2002 will be my sixty fifth Birthday, in which I will retired from
Business.*

Sincerely:

Rene Rivera-Santiago
Rene Rivera-Santiago