

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90039 035 ***150.00

DOCUMENT # 685092
 1. Entity Name
USA-MED CORPORATION

Principal Place of Business Mailing Address
C/O USA-MED CORPORATION **C/O USA-MED CORPORATION**
200 S. E. FIRST STREET, SUITE #503 **200 S. E. FIRST STREET, SUITE #503**
MIAMI FL 33131 **MIAMI FL 33131**



2. Principal Place of Business **201 N.E. 212th ST.** 3. Mailing Address **201 N.E. 212th ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
NORTH MIAMI BEACH. **NORTH MIAMI BEACH, FL**
 City & State City & State
FLORIDA **FL**
 Zip Country Zip Country
33179 MIAMI DADE **33179 MIAMI DADE**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2025097** Applied For ☒ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MAZAL, SUSANA
200 S. E. FIRST STREET
SUITE 503
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **SUSANA MAZAL**
 Street Address (P.O. Box Number is Not Applicable) **201 N.E. 212th ST.**
 City **NORTH MIAMI BEACH** FL Zip Code **33179**

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 *Susana Mazal* **SUSANA MAZAL** **04/15/02**
 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. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PD
NAME	MAZAL, SUSANA	NAME	MAZAL, SUSANA
STREET ADDRESS	200 SE FRIST STREET, SUITE 503	STREET ADDRESS	201 N.E. 212 th ST.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33179
TITLE	S	TITLE	S
NAME	MAZAL, LUCIANNA A.	NAME	LUCIANNA A. MAZAL
STREET ADDRESS	200 S.E. 1ST ST, STE503	STREET ADDRESS	201 N.E. 212 th ST.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33179
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Susana Mazal* **SUSANA MAZAL** **04/15/02** **205 650-9495**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)