

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91184 031 ***150.00

DOCUMENT # F01000003816
1. Entity Name
DISTRIBUIDORA MEDICAL KEIKO, COMPANIA ANONIMA

Principal Place of Business
9619 FONTAINBLEAU BLVD SUITE 410
MIAMI FL 33172

Mailing Address
9619 FONTAINBLEAU BLVD SUITE 410
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

ALVAREZ, HECTOR L
9619 FONTAINBLEAU BLVD SUITE 410
MIAMI FL 33172

Name **SAME**

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

City **Miami**

FL

Zip Code

33196

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 *Hector L. Alvarez*
 Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/2002
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCT** ☐ Delete
 NAME **HUIZI, JOSE FRANCISCO C**
 STREET ADDRESS **15653 SW 96 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **V** ☐ Delete
 NAME **LUX, BETTY CASTANO**
 STREET ADDRESS **CALLE LOS PAPAGAYOS QUITA GETNELYS PB-1**
 CITY-ST-ZIP **URB, EL PARAISO VENEZUELA**

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

TITLE **SD** ☐ Delete
 NAME **ALVAREZ, HECTOR L**
 STREET ADDRESS **9619 FONTAINBLEAU BLVD SUITE 410**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ Change ☐ Addition
 NAME **Alvarez, Hector L.**
 STREET ADDRESS **15653 SW 96 terrace**
 CITY-ST-ZIP **Miami, FL. 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Hector L. Alvarez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2002 (305) 525-7144
 Date Daytime Phone #

CR2E034 (9/01)