

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004338 AF

DOCUMENT # L99000001989

1. Entity Name

SURGIMED IMPORT & EXPORT, L.L.C.

00 APR 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7058 NW 77 COURT, SUITE #100
MIAMI FL 33166

Mailing Address

7058 NW 77 COURT, SUITE #100
MIAMI FL 33166-2715



2. Principal Place of Business

3. Mailing Address

2121 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

240

MMN

DO NOT WRITE IN THIS SPACE

City & State

City & State

Coral Gables, FL

4. FEI Number

65-0911060

Applied For

Not Applicable

Zip

Country

Zip

33134

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, ANDREW ESQ.

CUEVAS & RUBIN, P.A.

9200 S. DADELAND BLVD., SUITE 603

MIAMI FL 33156

Name

Gabriel Prats

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

2121 Ponce de Leon Blvd.

Suite 240

City

Coral Gables

FL

Zip Code

33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM-
ORTEGA, ENRIQUE
7058 NW 77 COURT, SUITE #100
MIAMI FL 33166 ☐ Delete

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
000003238370--5
-05/03/00--01137--018
*****55.00 *****55.00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE OF ENRIQUE ORTEGA

Date

4/11/00

Daytime Phone #

CR2E083 (9/99)