

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M58275**

1. Entity Name

**AMERICAN NAUTICAL MEDICAL CORP.**

Principal Place of Business

**1325 S.W. 8TH STREET  
MIAMI FL 33135**

Mailing Address

**1325 S.W. 8TH STREET  
MIAMI FL 33135**

2. Principal Place of Business

**1325 SW 1st St.**

Suite, Apt. #, etc.

3. Mailing Address

**1325 SW 1st St.**

Suite, Apt. #, etc.

City &amp; State

**Miami, FL**

City &amp; State

**Miami, FL**Zip  
**33135**Country  
**U.S.A.**Zip  
**33135**Country  
**U.S.A.**4. FEI Number **59-2839235**

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

**DUMENIGO, FEDERICO  
7081 S.W. 55TH STREET  
MIAMI FL 33155**

Name

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

**1325 SW 1st St.**

City

**Miami****FL**

Zip Code

**33135**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DUMENIGO, FEDERICO MD 7081 S.W. 55TH TERRACE MIAMI FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <b>1325 SW 1st St. Miami, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Federico Dumenigo****4/27/01****(305)631-0619**

Date

Daytime Phone #

**FILED  
May 16, 2001 8:00 am  
Secretary of State**

05-16-2001 90259 032 \*\*\*150.00

**A0068818**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)