

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am**
Secretary of State

02-27-2001 90304 025 ***150.00

DOCUMENT # P00000003184

1. Entity Name

SCOPE SURGICAL TECHNOLOGIES, INC.

Principal Place of Business

10590 NW 27TH STREET, SUITE E-102
MIAMI FL 33162

Mailing Address

10590 NW 27TH STREET, SUITE E-102
MIAMI FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

33172-2151

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33172-2151

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-2016271

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

GONZALEZ, DON ESQ
9050 PINES BLVD., SUITE 450-F
PEMBROKE PINES FL 33024

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PSD VD** ☐ Delete
NAME **FUCHS, JORGE LUIS**
STREET ADDRESS **10590 NW 27TH STREET, SUITE E-102**
CITY-ST-ZIP **MIAMI FL 33162**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33172-2151**TITLE **PSD** ☐ Delete
NAME **PINTO, CAROL**
STREET ADDRESS **10590 NW 27TH STREET, SUITE E-102**
CITY-ST-ZIP **MIAMI FL 33162**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33172-2151**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-01

CR2E034 (10/00)