

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000017023

1. Entity Name

ADVANCE MEDICAL TECHNIQUE, INC

Principal Place of Business

17073 SW 142ND PLACE
MIAMI FL 33177

Mailing Address

P.O. Box 770776
MIAMI FL 33177-0776

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

65-0987450

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

ENRIQUEZ, BLANCA R
17073 SW 142ND PLACE
MIAMI FL 33177

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ENRIQUEZ, BLANCA R
17073 SW 142ND PLACE
MIAMI FL 33177 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:

B Enriquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-27-01
305-254-9340

Daytime Phone #

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90011 027 ***150.00

C0072473

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 15, 2001

ADVANCE MEDICAL TECHNIQUE, INC
17073 S.W. 142ND PLACE
MIAMI, FL 33177

SUBJECT: ADVANCE MEDICAL TECHNIQUE, INC
Ref. Number: P00000017023

Thank you for your letter of May 25, 2001, which has been forwarded to me for response.

I have enclosed a blank 2001 Uniform Business Report, which needs to be completed in its entirety before returning to our office for processing

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 801A00036768

Attachment
Doc# P00000017023
C0078473