

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90069 031 ***158.75

DOCUMENT # P00000040956 ✓

1. Entity Name

BIONATUS USA, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

240 CRANDON BLVD.

3. Mailing Address

8201 NW 66 Street

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

SUITE 3

City & State

KEY BISCAYNE, FL

City & State

MIAMI, FL

Zip

33149

Country

US

Zip

33166

Country

US

4. FEI Number

05-1001387

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ANTONIO C. SANTOS

Street Address (P.O. Box Numbers Not Acceptable)
240 CRANDON BLVD

SUITE 209

City

MIAMI

FL

Zip Code

33149

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)

04/24/03
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D
NAME OLIVEIRA-SANTOS, ANTONIO C.
STREET ADDRESS 240 CRANDON BLVD # 209
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME APARECIDO VELANI, ELZO
STREET ADDRESS 240 CRANDON BLVD # 209
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

305-597-4511
Daytime Phone #

CP-E034B (12/01)