

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90555 035 \*\*\*150.00

**DOCUMENT # P00000052093**

1. Entity Name  
**ADVENT MEDICAL CORP.**

Principal Place of Business

**2858 N.W. 79TH AVE.  
 MIAMI FL 33172**

Mailing Address

**2858 N.W. 79TH AVE.  
 MIAMI FL 33172**

2. Principal Place of Business

**11473 NW 34 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**11473 NW 34 STREET**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL 33178**

City & State  
**MIAMI, FL 33178**

Zip  
**33178**

Country  
**USA**

Zip  
**33178**

Country  
**USA**

4. FEI Number **65-1013290**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARIZA, GUSTAVO  
 2858 N.W. 79TH AVE.  
 MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name **ARIZA, GUSTAVO**

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

**11473 NW 34 STREET**

City **MIAMI**

**FL**

Zip Code **33178**

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, 2002 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

TITLE **VP** ☐ Delete  
 NAME **AGUILAR, DANNY**  
 STREET ADDRESS **2858 N.W. 79TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **P** ☐ Delete  
 NAME **ARIZA, GUSTAVO**  
 STREET ADDRESS **2858 N.W. 79TH AVE.**  
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/26/02 305-406-9099**  
 Date Daytime Phone #

CR2E034 (9/01)