

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000064290**1. Entity Name
SBMD OF FLORIDA, INC.

Principal Place of Business 2655 LEJEUNE ROAD, #609 MIAMI FL 33134	Mailing Address 2655 LEJEUNE ROAD, #609 MIAMI FL 33134
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2. Principal Place of Business DADELAND WEST EXECUTIVE PARK	3. Mailing Address DADELAND WEST EXECUTIVE PARK
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Suite, Apt. #, etc. 10691 NORTH KENDALL DRIVE, #201	Suite, Apt. #, etc. 10691 NORTH KENDALL DRIVE, #201
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33176	Country	Zip 33176	Country
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4. FEI Number 65-1047207	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDA SILVA SHAHEEDA B
2655 LEJEUNE ROAD, #609

MIAMI FL 33134**7. Name and Address of New Registered Agent**Name
DA SILVA SHAHEEDA B
Street Address (P.O. Box Number is Not Acceptable)
DADELAND WEST EXECUTIVE PARK
10691 NORTH KENDALL DRIVE, #201
City MIAMI FL Zip Code 33176

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 **SHAHEEDA B. DA SILVA****04/30/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD RAMOS EDGAR A 2655 LEJEUNE ROAD, #609 MIAMI FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DA SILVA RICHARD G 2655 LEJEUNE ROAD, #609 MIAMI FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA SHAHEEDA B 2655 LEJEUNE ROAD, #609 MIAMI FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DA SILVA RICHARD G 10691 NORTH KENDALL DRIVE, #201 MIAMI FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DA SILVA SHAHEEDA B 10691 NORTH KENDALL DRIVE, #201 MIAMI FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SHAHEEDA B. DA SILVA

PSD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)