

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000074630**

1. Entity Name  
 OPIMEDLTD, INC

Principal Place of Business  
 15298 SW 104 ST. #9-38  
 MIAMI FL 33010

Mailing Address  
 15298 SW 104 ST. #9-38  
 MIAMI FL 33010

2. Principal Place of Business  
 15298 SW 104 ST.

3. Mailing Address  
 15298 SW 104 ST.

Suite, Apt. #, etc.  
 #9-38

Suite, Apt. #, etc.  
 #9-38

City & State  
 MIAMI FL

City & State  
 MIAMI FL

Zip  
 33196

Country

Zip  
 33196

Country

4. FEI Number  Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

GOMEZ SANDRA M  
 15298 SW 104 ST. #9-38  
 MIAMI FL 33010

Name  
 GOMEZ SANDRA M  
 Street Address (P.O. Box Number is Not Acceptable)  
 15298 SW 104 ST.  
 #9-38  
 City MIAMI FL Zip Code 33196

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 SANDRA GOMEZ

04/26/2001

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 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 D  Delete  
 NAME CUBILLOS JUAN C  
 STREET ADDRESS 15298 SW 104 ST. #9-38  
 CITY-ST-ZIP MIAMI FL 33010

TITLE D  Change  Addition  
 NAME CUBILLOS JUAN C  
 STREET ADDRESS 15298 SW 104 ST. #9-38  
 CITY-ST-ZIP MIAMI FL 33196

TITLE D  Delete  
 NAME GOMEZ SANDRA M  
 STREET ADDRESS 15298 SW 104 ST. #9-38  
 CITY-ST-ZIP MIAMI FL 33010

TITLE D  Change  Addition  
 NAME GOMEZ SANDRA M  
 STREET ADDRESS 15298 SW 104 ST. #9-38  
 CITY-ST-ZIP MIAMI FL 33196

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: Sandra Gomez

D 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)