## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2002 8:00 am g Secretary of State DOCUMENT # P00000077971 1. Entity Name 05-02-2002 90156 035 \*\*\*150.00 ACOMED ENTERPRISES, INC. Principal Place of Business Mailing Address 782 NW LEJEUNE ROAD 782 NW LEJEUNE ROAD DOCCOUNT **SUITE 548** SUITE 548 MIAM! FL 33126 **MIAMI FL 33126** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1039563 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARQUEZ, JOSE M ESQ. Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33126 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME ACOSTA, HUGO NAME STREET ADDRESS 13020 MAR STREET STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME medina, delio i STREET ADDRESS STREET ADDRESS 4290 SW 154TH PLACE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33185 TITLE ☐ Delete TITLE DP □ Addition NAME NAME ACOSTA, HUGO ACOTTA, HUGO 13020 Mar Street STREET ADDRESS STREET ADDRESS 13020 MAR STREET CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33156 CORAL GABLES FL 33156 TITLE ☐ Delete TITLE ☐ Change Addition NAME MEDINA. DELIO I STREET ADDRESS STREET ADDRESS 4290 SW 154TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

TITLE

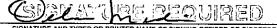
NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP



☐ Delete

04/01/2002 (305) 633-4644

**FILED** 

CR2E034 (9/01)

☐ Change

■ Addition