

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085434

1. Entity Name  
SOUND MEDTREX INC.

Principal Place of Business  
4815 N.W. 14TH ST.  
COCONUT CREEK FL 33063

Mailing Address  
4815 N.W. 14TH ST.  
COCONUT CREEK FL 33063

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
65-1038504

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SINGH, WINSTON  
4815 N.W. 14TH ST.  
COCONUT CREEK FL 33063

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGH, WINSTON 4815 N.W. 14TH ST. COCONUT CREEK FL 33063	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without other like empowered.

SIGNATURE: Winston Singh 6/15/01 954-802-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Page 12/2  
06-20-2001 90006 029 \*\*\*150.00  
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FILED  
01 JUL 16 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



July 13, 2001

Dear Sir or Madam,

This is in response to the letter I received from your office dated June 21, 2001. I spoke with a supervisor at your office who stated that my previous letter was not specific.

I received the 2001 uniform business form on May 18, 2001. Even though the form was received late, my secretary forwarded the form to my accountant who failed to handle this matter in a timely manor. I have since terminated his services and am handling this matter personally. Please accept my apology for not contacting your office on the same day in which the forms was received. Enclosed in my previous letter was check # 1088 in the amount of \$150.00.

If you have any additional questions, please call me at 954-802-4500.

Sincerely,

A handwritten signature in black ink, appearing to read "Winston Singh", is written over a horizontal line.

Winston Singh