

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090594

1. Entity Name
ALL MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

7301 N.W. 56TH STREET
MIAMI FL 33166

Mailing Address

7301 N.W. 56TH STREET
MIAMI FL 33166

2. Principal Place of Business

8060 N.W. 96 TERR

Suite, Apt. #, etc.

3. Mailing Address

8060 N.W. 96 TERR

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip

33321

Country

BROWARD

City & State

TAMARAC, FL

Zip

33321

Country

BROWARD

4. FEI Number

65-1044 003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 PD
NAME GALLEGO, OSCAR O
STREET ADDRESS 7301 N.W. 56TH STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE TD
NAME GALLEGO, LINA M
STREET ADDRESS 7301 N.W. 56TH STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8060 N.W. 96 TERR.
CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 8060 N.W. 96 TERR
CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90060 039 ***550.00



DO NOT WRITE IN THIS SPACE

0207869

CR2E034 (10/00)

9/4/01