

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91234 045 ***150.00

DOCUMENT # *P00000108045*

1. Entity Name

Luzon Medical, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5805 SW 21st Ave

3. Mailing Address

760 NE 181 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

N. Miami Beach, FL

4. FEI Number

65-1059200

Applied For

Not Applicable

Zip

33023

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Thomas Hinn

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

760 NE 181 STREET

City

N. Miami Beach

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>President (P)</i>
NAME	<i>Thomas Hinn</i>
STREET ADDRESS	<i>760 NE 181 ST</i>
CITY - ST - ZIP	<i>N.M.B. FL 33162</i>
TITLE	<i>Vice President (V)</i>
NAME	<i>Cristiano Pagan</i>
STREET ADDRESS	<i>760 NE 181 ST</i>
CITY - ST - ZIP	<i>N.M.B. FL 33162</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

4/25/02 305-815-8104

CR2E034B (12/01)