

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90025 010 ***158.75

DOCUMENT # P01000001495

1. Entity Name
BIOMOL LATIN AMERICA, INC.

Principal Place of Business

**8515 N.W. 29TH STREET
 MIAMI FL 33122**

Mailing Address

**8515 N.W. 29TH STREET
 MIAMI FL 33122**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1602 NW 84 AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

1602 NW 84 AVENUE
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1065920

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CAMONES, MIGUEL

**8249 N.W. 36TH STREET
 SUITE 214
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

SAMUEL HUERTAS

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

1982 JOHNSON LANE

City

WESTON

FL

Zip Code

33327

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] **SAMUEL HUERTAS**

23/01/2002

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, 2002 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** ☐ Delete
 NAME **YUNIS, CARLOS**
 STREET ADDRESS **8515 N.W. 29TH STREET**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **YUNIS CARLOS**
 STREET ADDRESS **1602 NW 84 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33126**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 593 9999

Daytime Phone #

CR2E034 (9/01)