

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90026 019 \*\*\*150.00

**DOCUMENT # P01000032163**

1. Entity Name  
**GENPRO-SCIENTIFIC SUPPLIER, INC.**

Principal Place of Business  
**7370 NW 36 STREET STE 415F**  
**MIAMI FL 33166**

Mailing Address  
**7370 NW 36 STREET STE 415F**  
**MIAMI FL 33166**

2. Principal Place of Business  
**4824 NW 116 Ct.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4824 NW 116 Ct.**  
 Suite, Apt. #, etc.

City & State  
**Miami Florida**  
 Zip  
**33178**  
 Country  
**USA**

City & State  
**Miami FL.**  
 Zip  
**33178**  
 Country  
**USA**

4. FEI Number  
**65-114 6700**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHADE, CORY**  
**200 S BISCAYNE BLVD**  
**MIAMI FL 33131-2319**

**7. Name and Address of New Registered Agent**

Name  
**Raul Gustavo Maturana**

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

**4824 NW 116 Ct.**

City  
**Miami** FL Zip Code  
**33178**

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 **Raul Gustavo Maturana**  
 Signature, typed or printed name of registered agent and title if applicable.

**April 26, 2002**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OTERO-SANTIS, ENRIQUE</b> <b>7370 NW 36 STREET STE 415F</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OTERO-SEPULVEDA, ALONSO</b> <b>7370 NW 36 STREET STE 415F</b> <b>MIAMI FL 33166</b>	<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
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
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 all other like empowered

SIGNATURE: **Enrique Otero Santis** **April 26, 2002** **305-994 1877**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)