

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000044213

1. Entity Name
INTER-MED USA, CORP.

Principal Place of Business
1711 N.E. MIAMI GARDENS DR #123
NORTH MIAMI BEACH FL 33179
65 NE 202ND TERRACE - SUITE Q-9
NORTH MIAMI, FL. 33179-2928

Mailing Address
1711 N.E. MIAMI GARDENS DR #123
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
65 NE 202ND TERRACE

3. Mailing Address
65 NE 202ND TERRACE

Suite, Apt. #, etc.
SUITE Q-9

Suite, Apt. #, etc.
SUITE Q-9

City & State
NORTH MIAMI, FL.

City & State
NORTH MIAMI, FL.

Zip
33179-2928

Country
USA

Zip
33179-2928

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILLINI, GREGORIO
1711 N.E. MIAMI GARDENS DR #123
NORTH MIAMI BEACH FL 33179

Name
RAFAEL A. BILLINI

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

65 NE 202ND TERRACE - SUITE #Q9

City
NORTH MIAMI,

FL

Zip Code
33179

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 *Rafael A. Billini* - RAFAEL A. BILLINI -

4-10-02

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BILLINI, RAFAEL A
1711 N.E. MIAMI GARDENS DR #123
NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BILLINI, GREGORIO
1711 N.E. MIAMI GARDENS DR #123
NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BILLINI, ELSA M
1711 N.E. MIAMI GARDENS DR #123
NORTH MIAMI BEACH FL 33179 ☐ 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
CITY-ST-ZIP
☒ Change ☐ Addition
G5 NE 202 TERR. Q-9
N. MIAMI, FL. 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
G5 NE 202 TERR. Q-9
N. MIAMI, FL. 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
G5 NE 202 TERR. Q-9
N. MIAMI, FL. 33179

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 #

CP2E034 (9/01)