

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90015 035 \*\*\*150.00

**DOCUMENT # P01000046896**

**1. Entity Name**  
**REDLINE MEDICAL, INC.**

**Principal Place of Business**

**1611 SW 15TH ST.  
 MIAMI FL 33145**

**Mailing Address**

**1611 SW 15TH ST.  
 MIAMI FL 33145**

**2. Principal Place of Business**

**536 BIRD ROAD**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**CORAL GABLES FL**

**City & State**

Zip Country

**33146 DADE**

**4. FEI Number**

**65-1103370**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

**MORALES, BARBARA  
 1611 SW 15TH ST.  
 MIAMI FL 33145**

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

**Name**

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

**City**

**FL**

**Zip Code**

**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** *Barbara Morales*

Signature, typed or printed name of registered agent and date 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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MORALES, BARBARA</b>	
<b>STREET ADDRESS</b>	<b>1611 SW 15TH ST.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33145</b>	
<b>TITLE</b>	<b>GENNESS MARTINEZ</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>VICE-PRESIDENT</b>	
<b>STREET ADDRESS</b>	<b>536 BIRD ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33146</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Barbara Morales*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-02 786 295-4261**

**Date**

**Daytime Phone #**

CR2E034 (9/01)