

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90270 016 ***150.00

DOCUMENT # P01000051351

1. Entity Name
GLOBAL WOUND STRATEGIES, INC.

Principal Place of Business

8991 SW 95TH AVE
MIAMI FL 33176

Mailing Address

8991 SW 95TH AVE
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1108509

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Michael J Roberts**

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

8991 SW 95 Avenue

City **Miami**

FL

Zip Code **33176**

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

Michael J Roberts

Michael J Roberts VP, Treasurer

4/15/02

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 **PD** ☐ Delete
NAME **TELLEZ, ROBIN D**
STREET ADDRESS **8991 SW 95TH AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ Delete
NAME **BARRETO, OSCAR**
STREET ADDRESS **8991 SW 95TH AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VSD** ☐ Delete
NAME **CAPDEVILA, EVELYN**
STREET ADDRESS **8991 SW 95TH AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VCOO** ☐ Delete
NAME **LYNCH, BILL**
STREET ADDRESS **8991 SW 95TH AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VTD** ☐ Delete
NAME **ROBERTS, MICHAEL J**
STREET ADDRESS **8991 SW 95TH AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Michael J Roberts **VP, Tre. Michael J Roberts**

4-15-02

305 274 2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)