

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90012 011 ***158.75

DOCUMENT # P01000053786

1. Entity Name

S & T MEDICAL SERVICES, INC.

Principal Place of Business

**1455 NW 14TH ST
 MIAMI FL 33125**

Mailing Address

**1455 NW 14TH ST
 MIAMI FL 33125**

2. Principal Place of Business

8249 NW 36 ST

3. Mailing Address

8249 NW 36 ST

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-1112971

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**METSCH, BENJAMIN R
 1455 NW 14TH ST
 MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name **ADELIS MASSON**
 Street Address (P.O. Box Number is Not Acceptable)
8249 NW 36 ST
Suite 210
 City **Miami** FL Zip Code **33166**

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-10-2002

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 **PVST** ☐ Delete
 NAME **MASSON, ADELIS**
 STREET ADDRESS **1455 NW 14TH ST**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** ☐ Delete
 NAME **MASSON, ADELIS**
 STREET ADDRESS **1455 NW 14TH ST**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **MASSON ADELIS**
 STREET ADDRESS **8249 NW 36 ST Suite 210**
 CITY-ST-ZIP **Miami FL 33166**

TITLE **D** ☒ Change ☐ Addition
 NAME **ADELIS MASSON**
 STREET ADDRESS **8249 NW 36 ST Suite 210**
 CITY-ST-ZIP **Miami FL 33166**

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

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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-2002

Date

(305) 718-4888

Daytime Phone #

CR2E034 (9/01)