

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

05-24-2002 91330 048 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000085109

1. Entity Name

MEDOTECH CORPORATION ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3802 W. LAKE ESTATE DR

Suite, Apt. #, etc.

3. Mailing Address

3802 W. LAKE ESTATE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-1133392

Applied For

Not Applicable

Zip

33328

Country

US

Zip

33328

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MAKERS Corporation

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

3802 W. LAKE ESTATE DR.

City

DAVIE

**FL**

Zip Code

33328

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PT  
SAUCHEZ, ALEJANDRA  
3802 W. LAKE ESTATE DR  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VS  
ROSSI, PATRICIO  
3802 W. LAKE ESTATE DR.  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ALEJANDRA SAUCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/02

Date

954-424-2001

Daytime Phone #

CR2E034B (12/01)