

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087037

1. Entity Name

PULMOCAIR RESPIRATORY, INC.

Principal Place of Business

3300 SW 46TH AVE.
DAVIE FL 33314

Mailing Address

3300 SW 46TH AVE.
DAVIE FL 33314

2. Principal Place of Business

1405 Poinsettia Dr 519-10

3. Mailing Address

1405 Poinsettia Dr.

Suite, Apt. #, etc.

Ste 9-10

Suite, Apt. #, etc.

9-10 Ste

City & State

Delray Beach, FL 33444

City & State

Delray Beach, FL

4. FEI Number

65-1138994

Applied For

Not Applicable

Zip

33444

Country

US

Zip

33444

Country

US

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, REID
3300 SW 46TH AVE.
DAVIE FL 33314

Name

Tom Fedele

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

740 Mockingbird Ln.

City

Plantation, FL 33324

Zip Code 33324

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

Tom Fedele PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

02/05/02

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME Reid M. Gray
STREET ADDRESS 3300 SW 46TH Ave
CITY-ST-ZIP DAVIE, FL 33314

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Steve F. Lica VP
5662 NW 127th Ter.
Coral Springs, FL 33067

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Tom Fedele
740 Mockingbird Ln.
Plantation, FL 33324

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.P.
Kyle M. Ko
537 SW 29th Ave
Delray Beach, FL 33445

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Tom Fedele* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/02 (561) 274-9664

Daytime Phone #

DA-6

CR2E034 (9/01)