

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90116 003 ***150.00

DOCUMENT # P01000089257

1. Entity Name

MECCA MEDICAL, INC.

Principal Place of Business

**7840 CAMINO REAL UNIT P402
 MIAMI, FL 33143**

Mailing Address

**7840 CAMINO REAL UNIT P402
 MIAMI FL 33143**

2. Principal Place of Business

600 NE 36 ST

Suite, Apt. #, etc.

unit 1803

City & State

MIAMI FL

3. Mailing Address

600 NE 36 ST

Suite, Apt. #, etc.

unit 1803

City & State

MIAMI FL

Zip

33137

Country

USA

Zip

33137

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARROCAS, ALBERT

**7840 CAMINO REAL UNIT P402
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name **BARROCAS ALBERT**

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

600 NE 36 ST

UNIT 1803

City

MIAMI

FL

Zip Code

33137

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

Albert Barrocas

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

(NOTE: Registered Agent signature required when reinstating)

4-28-02

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

TITLE **D** ☐ Delete
 NAME **BARROCAS, ALBERT**
 STREET ADDRESS **7840 CAMINO REAL UNIT P402**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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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:

Albert Barrocas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 305 601-6000

Date

Daytime Phone #

CR2E034 (9/01)