

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90625 023 ***150.00

DOCUMENT # P01000090638

1. Entity Name

TECNOMED J. TRAPP CORPORATION

Principal Place of Business

**9900 STIRLING ROAD STE 222
 HOLLYWOOD FL 33024**

Mailing Address

**9900 STIRLING ROAD-STE 222
 HOLLYWOOD FL 33024**

2. Principal Place of Business

8180 NW 36 ST

3. Mailing Address

8180 NW 36 ST

Suite/Apt. #, etc.

Suite/Apt. #, etc.

100

100

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEL Number

65-1142333

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

TOVAR DE CORRAL, JOSE G

9900 STIRLING-ROAD STE 222

HOLLYWOOD FL 33024

Name

TOVAR DEL CORRAL, JOSE G. C/O

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

ATLAS TOVAR & ASSOCIATES, P.A.

8180 NW 36 ST

City

MIAMI

FL

Zip Code

33166

7. Name and Address of New Registered Agent

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.

JOSE G. TOVAR DEL CORRAL

(NOTE: Registered Agent signature required when reinstating)

04/24/02

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	<input type="checkbox"/> Delete
NAME	DE GAKNERAS, MARIA K. TRAPP	
STREET ADDRESS	9900 STIRLING ROAD STE 222	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLTUSKA, MANUEL GAKNERAS	
STREET ADDRESS	9900 STIRLING ROAD STE 222	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE RODRIGUEZ, SANDRA GAKNERAS	
STREET ADDRESS	9900 STIRLING ROAD STE 222	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAPP SCHULZ, CARMEN S	
STREET ADDRESS	9900 STIRLING ROAD STE 222	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GAKNERAS, MARIA K. TRAPP	
STREET ADDRESS	8180 NW 36 ST, SUITE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VICE-PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLTUSKA, MANUEL GAKNERAS	
STREET ADDRESS	8180 NW 36 ST, SUITE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	TREASURER / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE RODRIGUEZ, SANDRA GAKNERAS	
STREET ADDRESS	8180 NW 36 ST, SUITE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	SECRETARY / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAPP SCHULZ, CARMEN S	
STREET ADDRESS	8180 NW 36 ST, SUITE 100	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA K. TRAPP DE GAKNERAS
PRESIDENT

Date

4/24/02 (305) 4777104

Daytime Phone #

CR2E034 (9/01)