

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90051 029 ***150.00

DOCUMENT # P01000092323

1. Entity Name
ACE-MED INTERNATIONAL, INC.

Principal Place of Business 1717 N BAYSHORE DR STE 4041 3000
 MIAMI FL 33132-1180

Mailing Address 1717 N BAYSHORE DR STE 4041 3000
 MIAMI FL 33132-1180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1717 N. Bay Shore Dr.
 Suite, Apt. #, etc. Suite 3000
 City & State Miami - FL
 Zip 33132 Country Dade

3. Mailing Address
 1717 N. Bay Shore Dr.
 Suite, Apt. #, etc. Suite 3000
 City & State Miami FL
 Zip 33132 Country Dade

4. FEI Number 65-1149279 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 KAMILAR, MARK A
 2921 SW 27 AVE
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
 Name CARLOS FELIZARDO
 Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bay Shore Dr. # 3000
 City Miami FL Zip Code 33132

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 CARLOS FELIZARDO DATE 01/11/2002
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FELIZARDO, CARLOS 1717 N BAYSHORE DR STE 4041 MIAMI FL 33132-1180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIRER, ARKADY 3401 N COUNTRY CLUB DR STE 302 AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: CARLOS FELIZARDO **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 01/11/2002 DAYTIME PHONE # (305) 372-3737

0007461 AV

CR2E034 (9/01)