2002 UNIFORM BUSINESS REPORT (UBR)

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

P01000093709 DOCUMENT # 06-24-2002 90299 021 ***150.00 1. Entity Name SCITECH MEDICAL CORPORATION Principal Place of Business Mailing Address 39555 4728 NW 114 AVENUE UNIT 102 4728 NW 114 AVENUE UNIT 102 MIAMI FL 33178 MIAM! FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 1140143 65 -Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOREIRA, ALEXANDER M Street Address (P.O. Box Number is Not Acceptable) 4728 NW 114 AVENUE UNIT 102 **MIAMI FL 33178** City Zip Code 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME Moreira, Alexander M NAME STREET ADDRESS 4728 NW 114 AVENUE UNIT 102 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME DA CUNHA NETO, MELCHIADES NAME STREET ADDRESS 4728 NW 114 AVENUE UNIT 102 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

13. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

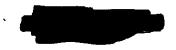
Change

Addition

(9/01)

CR2E034

Affachment



SCITECH MEDICAL CORPORATION Polosod 93-70-9 4728 NW 114 AVENUE UNIT 102 MIAMI, FL 33178 39 55

June 11, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We respectfully request an abatement of penalty for not filing the 2002 Uniform Business Report on time.

We started the corporation on September 2001, but left the U.S shortly after that. We were not aware about the 2002 UBR until our arrival a few days ago and it was already past due.

Please accept our apologies and explanations, we are enclosing the form along with a check for \$150.00.

Thank you in advance for your assistance on this matter.

Sincerely,

Alexander M. Moreira