

2002 UNIFORM BUSINESS REPORT (UBR)

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

06-24-2002 90299 021 ***150.00

DOCUMENT # P01000093709

1. Entity Name

SCITECH MEDICAL CORPORATION

Principal Place of Business
4728 NW 114 AVENUE UNIT 102
MIAMI FL 33178

Mailing Address
4728 NW 114 AVENUE UNIT 102
MIAMI FL 33178

39555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1140143

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOREIRA, ALEXANDER M
4728 NW 114 AVENUE UNIT 102
MIAMI FL 33178

Name

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

City

FL

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
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 **PD** ☐ Delete
NAME **MOREIRA, ALEXANDER M**
STREET ADDRESS **4728 NW 114 AVENUE UNIT 102**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **DA CUNHA NETO, MELCHIADES**
STREET ADDRESS **4728 NW 114 AVENUE UNIT 102**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment



SCITECH MEDICAL CORPORATION

#pd1000093709

4728 NW 114 AVENUE UNIT 102

MIAMI, FL 33178

39555

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