## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000108202 1. Entity Name OTI MEDICAL EQUIPMENT INC Principal Place of Business Mailing Address 2550 NW 72ND AVENUE 2550 NW 72ND AVENUE **STE 203 STE 203** MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

**STE 203 MIAMI FL 33122** 

SIGNATURE

11.

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

(See criteria on back)

VALDERAS, FERNANDO J

2550 NW 72ND AVENUE

- Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

VALDERAS, FERNANDO J

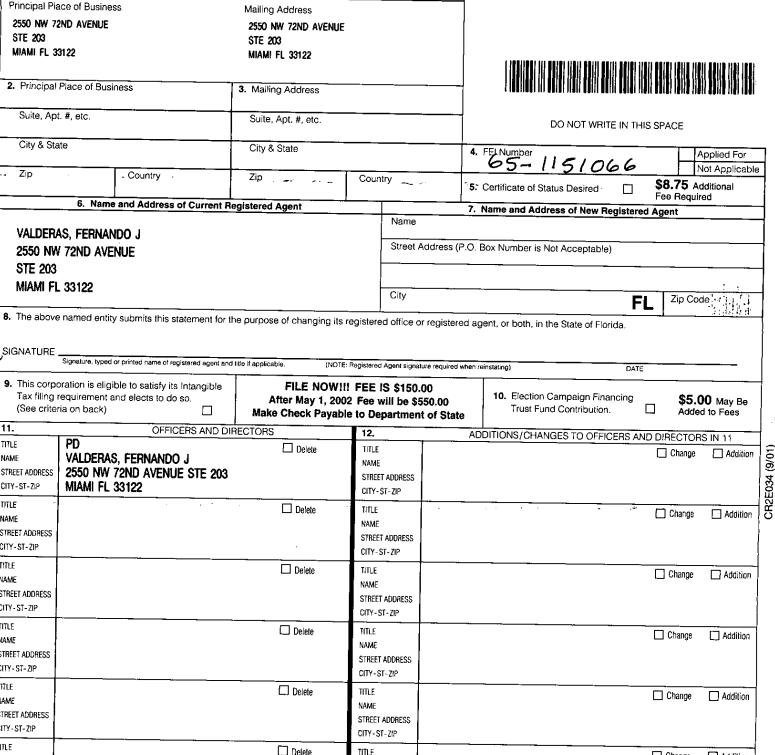
2550 NW 72ND AVENUE STE 203

Tax filing requirement and elects to do so.

MIAMI FL 33122

## FILED May 05, 2002 8:00 am Secretary of State

05-05-2002 90083 020 \*\*\*150.00



TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE:

Country

City

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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12.

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR