

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90095 007 ***158.75

DOCUMENT # P01000121682

1. Entity Name
TECHNOMED ENDOSCOPY CORP.



Principal Place of Business
7311 NW 12TH ST. SUITE 23
MIAMI FL 33126

Mailing Address
7311 NW 12TH ST. SUITE 23
MIAMI FL 33126

2. Principal Place of Business

7311 NW 12TH ST.

3. Mailing Address

7311 NW 12TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

SUITE # 23

City & State

City & State

MIAMI, FL.

MIAMI FL.

Zip

Country

Zip

Country

33126

33126

33126

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0551264**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

AGUILAR, OSCAR R
1260 SW 142ND CT
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

Ethel Rodas

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

7311 NW 12TH ST SUITE # 23

City

MIAMI

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ETHEL RODAS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/06/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODAS-PEREZ, ETHEL	
STREET ADDRESS	7311 NW 12TH ST, SUITE 23	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2003

Date

Daytime Phone #