

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90223 006 ***150.00

DOCUMENT # P02000083094

1. Entity Name
UROMED CARD INC.



Principal Place of Business
6447 MIAMI LAKES DRIVE E STE 200-A
MIAMI LAKES, FL 33014

Mailing Address
6447 MIAMI LAKES DRIVE E STE 200-A
MIAMI LAKES, FL 33014

24070145



2. Principal Place of Business
15025 NW 77AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
11

04272004 Chg-P CR2E034 (10/03)

City & State
MIAMI LAKES, FLORIDA

City & State
11

4. FEI Number
42-1545200

Applied For
Not Applicable

Zip
33014

Country
DADE

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

BASSI, FELIPE
6447 MIAMI LAKES DRIVE E STE 200-A
MIAMI LAKES, FL 33014

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

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PS
BASSI, FELIPE
6447 MIAMI LAKES DRIVE E STE 200-A
MIAMI LAKES, FL 33014 ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (305) 827 4343
Date Daytime Phone #