

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90076 047 ***150.00

DOCUMENT # **P02000085259**



1. Entity Name
MEDICAL INTERNATIONAL PRODUCTS, CORP.

Principal Place of Business
**306 E BULLARD PKWY
TEMPLE TERR FL 33617**

Mailing Address
**306 E BULLARD PKWY
TEMPLE TERR FL 33617**



2. Principal Place of Business
5302 56th Commerce Park Blvd. - 5302 56th Commerce Park Blvd.
Suite, Apt. #, etc.

3. Mailing Address
5302 56th Commerce Park Blvd.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tampa FL
Zip
33610
Country
Hillsborough

City & State
TAMPA, FL
Zip
33610
Country
Hillsborough

4. FEI Number
56-2287075

Applied For
 Not Applicable

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

**DA SILVA, MAURO F
306 E BULLARD PKWY
TEMPLE TERR FL 33617**

Name
MAURO F. DA SILVA
Street Address (P.O. Box Number is Not Acceptable)

5302 56th Commerce Park Blvd.

City
TAMPA Zip Code
FL 33610

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, printed or printed name of registered agent and filer if applicable.

MAURO F. DA SILVA

01-23-2003

(NOTE: Registered Agent signature required when reinstating)

DATE

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DA SILVA, MAURO F	
STREET ADDRESS	306 E BULLARD PKWY	
CITY-ST-ZIP	TEMPLE TERR FL 33617	
TITLE	V	<input type="checkbox"/> Delete
NAME	FILHO, PAULO	
STREET ADDRESS	306 E BULLARD PKWY	
CITY-ST-ZIP	TEMPLE TERR FL 33617	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GONCALVES, IVETE C	
STREET ADDRESS	306 E BULLARD PKWY	
CITY-ST-ZIP	TEMPLE TERR FL 33617	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE S	
STREET ADDRESS	306 E BULLARD PKWY	
CITY-ST-ZIP	TEMPLE TERR FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: **MAURO F. DA SILVA - Paulo** 01-23-03 (812) 628-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)