

# 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

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Tampa FL

City & State  
TAMPA, FL

4. FEI Number  
56-2287075

Applied For  
Not Applicable

Zip Country  
33610 Hillsborough

Zip Country  
33610 Hillsborough

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

5302 56th Commerce Park Blvd.

City Zip Code  
TAMPA 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, typed or printed name of registered agent and title 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

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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURO F. DA SILVA - President 01-23-03 (81) 628-0005

Date

Daytime Phone #

CR2E034 (10/02)