

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

DOCUMENT # PD2000089734

1. Entity Name

Viewmed Inc

FILED

03 JUN 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14217-SW 8 Terr.

Suite, Apt. #, etc.

MIAMI

City & State

Florida

Zip

33184

Country

U.S.A.

3. Mailing Address

14217-SW 8 Terr.

Suite, Apt. #, etc.

MIAMI

City & State

Florida

Zip

33184

Country

U.S.A.

400021414694

07/09/03--01027--026 **150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0023449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUAN CARLOS BURUNAT JR.

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

14217-SW 8 Terr.

City

MIAMI

FL

Zip Code

33184

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME JUAN CARLOS BURUNAT JR.
STREET ADDRESS
CITY-ST-ZIP 14217-SW 8 Terr. MIAMI FL 33184

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/27/03 (786) 488-8169
Date Daytime Phone #

216/36

Electronic Filing Menu

Corporate Filing

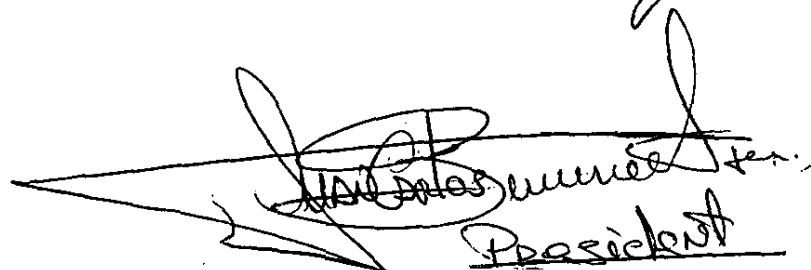
Public Access Help

"VIEWMED, INC."
P02000089734

TO WHOM IT MAY CONCERN
I Did not Received the 2003
Annual Report

Please accept my payment
without penalty

Thank you


David S. Sumner
President