

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000094508

FILED
Sep 08, 2003
Secretary of State

Entity Name: MEDICAL TECHNOLOGIES UNLIMITED, INC.

Current Principal Place of Business:

7481 W. OAKLAND PARK BLVD., STE 305
FT LAUDERDALE, FL 33319

New Principal Place of Business:

7575 SW 62 AVE.
SUITE B
MIAMI, FL 33143

Current Mailing Address:

7481 W. OAKLAND PARK BLVD., STE 305
FT LAUDERDALE, FL 33319

New Mailing Address:

7575 SW 62 AVE
SUITE B
MIAMI, FL 33143

FEI Number: 38-3658909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASSNER, WAYNE H ESQ
7700 N KENDALL DR., STE 510
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VITIELLO, MARCO
Address: 5825 SW 131 TERRACE
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: REASTON, PHIL
Address: 8540 NW 26 ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TSD (X) Delete
Name: RODRIGUEZ, MARITZA R
Address: 7801 W 7TH AVE
City-St-Zip: MIAMI, FL 330144119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: RODRIGUEZ, MARITZA R
Address: 7801 W 7TH AVE
City-St-Zip: HIALEAH, FL 330144119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCO N. VITIELLO

PRES

09/08/2003

Electronic Signature of Signing Officer or Director

_____ Date