

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 044 ***150.00

DOCUMENT # **PO2000094942**

1. Entity Name

ALL MED NETWORK CORP.



DO NOT WRITE IN THIS SPACE

90099707

2. Principal Place of Business

6501 NW 36 ST

3. Mailing Address

Suite, Apt. #, etc.

370

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33166

Country

MIAMI DASH

Zip

Country

4. FEI Number

35-2180966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARCELO BUKI

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

1581 BRICKELL AVE #1808

City

MIAMI

FL

Zip Code

33129

**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. 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.

MARCELO BUKI

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	MARCELO BUKI	6501 NW 36 ST # 370	MIAMI FL 33166
PRESIDENT	MARCELO BUKI	1581 BRICKELL AVE # 1808	MIAMI FL 33129

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO BUKI

Date

4/10/03

Daytime Phone #

305 871 5001

CR2E034B (12/02)