

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90334 011 \*\*\*\*150.00

**DOCUMENT # P02000128159**

1. Entity Name

**BASO ORTHOPEDIC CORPORATION**

Principal Place of Business

**3327 SW 58TH AVE  
DAVIE FL 33314**

Mailing Address

**3327 SW 58TH AVE  
DAVIE FL 33314**

2. Principal Place of Business

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-0544776**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SOMARRIBA, BAYARDO  
3327 SW 58TH AVE  
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name

**SAME**

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

City

**FL**

Zip Code

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 *Bayardo Somarriba*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-8-03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **DPS** ☒ Delete  
NAME **RODRIGUEZ, MICHAEL**  
STREET ADDRESS **3327 SW 58TH AVE**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **\* DVT** ☐ Delete  
NAME **SOMARRIBA, BAYARDO**  
STREET ADDRESS **3327 SW 58TH AVE**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **\* DPS** ☒ Change ☐ Addition  
NAME **SOMARRIBA BAYARDO**  
STREET ADDRESS **3327 SW 58 AVENUE**  
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Bayardo Somarriba* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-8-03 (954) 584-9228**

Date

Daytime Phone #

0072045  
AV

CR2E034 (4/03)

**10110180**



☐ CHECK HERE IF MAKING CHANGES

*Attachment*

10110180  
*#P02000128159*

July 07, 2003.

**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporation**  
**P.O. Box 6327**  
**Tallahassee, FL 32314.**

**Re: Corporate Annual Fee # P02000128159**

Dear Division of Corporation:

The Purpose of this letter is to request an exemption of penalty for late payment year 2003 of **BASO ORTHOPEDIC CORPORATION a Florida Corporation.**

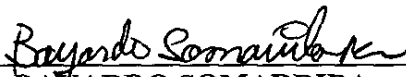
I have not paid Annual Fee Corporation because I, never receipt mail of original UNIFORM BUSINESS REPORT from FLORIDA DEPARTMENT OF STATE , for annual fee about this Corporation, may be was wrong mail because I was closed because we have not staring to do Business yet and we have not experience about this requirement by law of Florida State, I need to keep this corporation name because this year will start to work.

I m requesting said exemption because we have a difficult economic situation, us will appreciate **active our corporation.**

I have added payment of annual fee for \$150.00

Should you have any question regarding this corporation, please call me at telephone number (954)584-9228.

**BASO ORTHOPEDIC CORPORATION**

  
**BAYARDO SOMARRIBA**  
President