

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002530

1. Entity Name

WORLD TRIUMPH MEDICAL, INC.

Principal Place of Business

4722 SW 74TH AVENUE
MIAMI FL 33155
US

Mailing Address

4722 SW 74TH AVENUE
MIAMI FL 33155-4417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0381002

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE
SUITE 330
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

MUR AND ASSOCIATES, P.A.

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

SUNTRUST INTERNATIONAL CENTER
SUITE 1940
ONE S.E. THIRD AVE

City

MIAMI

FL

Zip Code

33131

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

LAZAR MUR

01-05-2000

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P/D	<input type="checkbox"/> Delete
NAME	NELSON FAMADAS	
STREET ADDRESS	10368 SW 46TH TERR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROGER DE ARMAS	
STREET ADDRESS	10378 SW 46TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TODD	
STREET ADDRESS	4301 32ND ST. W, SUITE C6	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAMADAS, NELSON E.	
STREET ADDRESS	10368 SW 46 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTANEDA, IVAN	
STREET ADDRESS	9787 NW 32 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, MIKE	
STREET ADDRESS	4301 32ND ST., SUITE C6	
CITY-ST-ZIP	BRADENTON FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON FAMADAS	
STREET ADDRESS	1332 ASTORIA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER DE ARMAS	
STREET ADDRESS	10378 NW 46TH TERR	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RON	
STREET ADDRESS	4301 32ND ST. W., SUITE C6	
CITY-ST-ZIP	BRADENTON, FL	
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		

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 Block 12 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

Date

01/05/00

305-267-1804

001205



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)