FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # P93000025162 1. Entity Name 04-22-2002 90201 042 \*\*\*150.00 **ACEWAY PROSTHETICS & ORTHOTICS CORPORATION** Principal Place of Business Mailing Address 4475 N. STATE RD 7 4475 N. STATE RD 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0412922 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, DAVID Street Address (P.O. Box Number is Not Acceptable) 7626 N.W. 88TH CIRCLE TAMARAC FL 33321 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. 🖟 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE ☐ Delete ☐ Change Addition GARCIA, DAVID NAME NAME STREET ADDRESS 7626 N.W. 88TH CIRCLE STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP TITLE TITLE Delete ٧S Change Addition NAME NAME Garcia, yrenia STREET ADDRESS STREET ADDRESS 7626 NW 88TH CIRCLE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 optoble 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 ddress, with all other like empr