

FOR PROFIT CORPORATION  
2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90160 020 \*\*\*150.00

DOCUMENT # P93000042194

1. Entity Name

Tecnimed Biomedical Equipment Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7270 N.W. 12th St.

3. Mailing Address

7270 N.W. 12th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 761

Suite 761

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33126-1929

33126-1929

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0704296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required --**

7. Name and Address of Current Registered Agent

Name

del Valle, Manuel R.

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

7270 N.W. 12th St.

Suite 761

City

Miami

**FL**

Zip Code

33126-1929

**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.

SIGNATURE

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 D/P/S/T  
NAME Werlang, Paulo  
STREET ADDRESS Rua Visconde Do, Rio Branco 545  
CITY - ST - ZIP Porto Alegre, Brazil

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CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

*Paulo Werlang*

Paulo Werlang

4/12/02

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #