2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043086

1. Entity Name

PROTECS MEDICAL CORPORATION

Principal Place of Business 8780 SW 92ND STREET SUITE 208-B MIAMI FL 33176

Mailing Address

8780 SW 92ND STREET SUITE 208-B MIAMI FL 33176

US

04-24-2001 90261 024 ***150.00



FILED Apr 24, 2001 8:00 am Secretary of State

2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State	Behleson	City & State				El Number 65-0420167	5-0420167 Applied For Not Applicab			
Zip 13/3	VZIA COUPTY NASAN	Zip	Zip Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent			7. N	lame and Address of New Re		<u>·</u>		
DE LA FUENTE, RICARDO L. 8780 SW 92ND ST, STE 208-B MIAMI FL 33176				Name Street Address (P.O. Box Number is Not Acceptable)						
WIL WIT		-		City			FL	Zip Code	e	
8. The above SIGNATURE _	named entity submits this statement for t	he purpose of changing its	registere	d office or regis	stered age	ent, or both, in the State of Flo	rida.			
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registered	Agent signature req	uired when re	instating)	DATE			
9. This corpo Tax filing re (See criteri	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 ake Check Payable to Department of State			10. Election Campaign Fin Trust Fund Contribution			0 May Be d to Fees		
11.	OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	CPD DE LA FUENTE, RICARDO L 2415 GRANDA BLVD. CORAL GABLES FL 33134-5555	☐ Delete		T AÐDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GONZALEZ, RICARDO C 8852 S.W. 59 STREET MIAMI FL 33173	□.l Delete		l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE LA FUENTE, FRANCISCO 2415 GRANADA BLVD CORAL GABLES FL 33134-5555	☐ Delete		ı				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CAMILO II 1790 SW 1ST AVENUE MIAMI FL 33129-1130	☐ Detete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZER, ROBERT 9321 SW 102ND ST MIAMI FL 33116	□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, SCOTT 16061 EMERALD COVE ROAD FORT LAUDERDALE FL 33331 certify that the information supplied with the second control of th	☐ Delete	CITY	ET ADDRESS -ST-ZIP				Change	Addition	

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 trustse 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