

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90167 018 ***150.00

DOCUMENT # P93000043086

1. Entity Name
PROTECS MEDICAL CORPORATION



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

Mailing Address
**8780 SW 92ND STREET
SUITE 208-B
MIAMI FL 33176
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0420167**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**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)

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

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
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPD** ☐ Delete
NAME **DE LA FUENTE, RICARDO L**
STREET ADDRESS **2415 GRANDA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33134-5555**

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

TITLE **VTD** ☐ Delete
NAME **GONZALEZ, RICARDO C**
STREET ADDRESS **8852 S.W. 59 STREET**
CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **SD** ☐ Delete
NAME **DE LA FUENTE, FRANCISCO**
STREET ADDRESS **2415 GRANADA BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33134-5555**

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

TITLE **D** ☐ Delete
NAME **LOPEZ, CAMILO II**
STREET ADDRESS **1790 SW 1ST AVENUE**
CITY-ST-ZIP **MIAMI FL 33129-1130**

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

TITLE **D** ☐ Delete
NAME **MAZER, ROBERT**
STREET ADDRESS **9321 SW 102ND ST**
CITY-ST-ZIP **MIAMI FL 33116**

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

TITLE **D** ☐ Delete
NAME **HOWELL, SCOTT**
STREET ADDRESS **16061 EMERALD COVE ROAD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33331**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10421 NW 49 PL.**
CITY-ST-ZIP **Coral Springs, FL 33076**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo de la Fuente 4-8-03 445-7002

Date

Daytime Phone #

CR2E034 (10/02)