

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058925 ✓

1. Entity Name

LEMARE MEDICAL, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90073 001 ***300.00

Principal Place of Business

Mailing Address

1200 NW 78 AVENUE
SUITE 209
MIAMI FL 33126
US

1200 NW 78 AVENUE
SUITE 209
MIAMI FL 33126-1817
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 11-3172679

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

SOMBERG, NORMAN
7700 NORTH KENDALL DRIVE
SUITE 610
MIAMI FL 33156

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.

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) ☐

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 D
NAME ESTAY, JULIO E
STREET ADDRESS 2333 BRICKELL AVE, APT 1101
CITY-ST-ZIP MIAMI FL 33129 ☐ Delete

TITLE P
NAME MILES, GABRIELA
STREET ADDRESS 9531 FOUNTANBLEAU BLVD #311
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE S
NAME ESTAY, GRETA
STREET ADDRESS 2333 BRICKELL AVE, APT 1101
CITY-ST-ZIP MIAMI FL 33129 ☐ Delete

TITLE VPT
NAME MURATI, PATRICIA
STREET ADDRESS 10639 NW 54TH STREET
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE S
NAME GEORGE, LAURA
STREET ADDRESS 150 OCEAN LAKE DRIVE #9A
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T
NAME JAME MURATI
STREET ADDRESS 10639 NW 54th Street
CITY-ST-ZIP Miami, FL 33178 ☐ Change ☒ Addition

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

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

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

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

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

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:

GRANT MURATI REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

305-591-1152

Daytime Phone #