

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90008 003 ***150.00

DOCUMENT # P93000058925

1. Entity Name
LEMARE MEDICAL, INC.

Principal Place of Business
 1200 NW 78 AVENUE
 SUITE 209
 MIAMI FL 33126
 US

Address changed 12/26/2000

Mailing Address
 1200 NW 78 AVENUE
 SUITE 209
 MIAMI FL 33126
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2829 Bird Ave.

Suite, Apt. #, etc.

Suite #5

City & State

MIAMI FL.

Zip Country Zip Country

33129 USA

4. FEI Number 11-3172679

Applied For
 Not Applicable

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE T ☒ Delete
NAME MURATE, JAIME
STREET ADDRESS 10639 NW 54TH STREET
CITY-ST-ZIP MIAMI FL 33178

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/08/01 305-285-9513

CR2E034 (5/01)

Dent 993880058925
774798

LEMARE MEDICAL, INC
2829 Bird Ave. PMB 305
Miami. Fl. 33133
TEL: (305) 285-9513 FAX: (305) 285-1191
Email: lemaremed@aol.com

August 9th, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

The company closed down its place of business at the old address (1200 N.W., 78 Ave. suite 209 Miami, FL 33126) on December 26th. 2000 and the new mailing address is indicated in the attached form. Probably because of this fact and that the writer has been out of the country for most of the first six month of the year, we never received the original form. We always filed this form in the past on time.

The Corporation is winding down and we have no employees since we left the old address. Our business have been reduced drastically and due to large losses incurred last year we can't afford the fine being imposed.

We are asking for your understanding and abatement of the additional charges .

We are enclosing check for \$150.00 in anticipation of your kindness.

Cordially yours

LeMare Medical, Inc.

Julio Estay
Julio Estay
Chairman