

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90187 010 \*\*\*150.00

**DOCUMENT # P93000058925**

1. Entity Name  
**LEMARE MEDICAL, INC.**



**Principal Place of Business**

**2829 BIRD AVE.  
SUITE #5 PMB 305  
MIAMI FL 33129  
US**

**Mailing Address**

**2829 BIRD AVE.  
SUITE #5 PMB 305  
MIAMI FL 33129  
US**

**2. Principal Place of Business**

**2829 Bird Ave**  
Suite, Apt. #, etc.  
**Suite #5 PMB 305**  
City & State  
**MIAMI, FL**

**3. Mailing Address**

**same**  
Suite, Apt. #, etc.

**City & State**

**MIAMI, FL**  
Zip Country  
**33129 USA**

4. FEI Number **11-3172679**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESTAY, JULIO E</b> <b>2333 BRICKELL AVE, APT 1101</b> <b>MIAMI FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ESTAY, GRETA</b> <b>2333 BRICKELL AVE, APT 1101</b> <b>MIAMI FL 33129</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/29/03 305-285-9513**  
Date Daytime Phone #  
**305-285-9513**

CR2E034 (10/02)

Attachment  
Doc # 93000058925

LeMare Medical, Inc.

9038291

2829 Bird Ave. suite 5 PMB 305  
Miami FL 33133

Phone: (305)775-9170  
Fax: (305)594-5993  
Email: lemaremed@aol.com

05/29/03

Florida Department of State  
Division of Corporations.

Gentlemen:

We are sorry for filing late but we were away on a trip and missed the expiration date.

The company has no employees and we only found the form to file upon our return. We are applying to be notified by email not to fail again.

We ask for your understanding and indulgence to void the fine.

Otherwise advise and we'll comply  
Enclosed check for \$150.00.=

Sincerely,

LeMare Medical, Inc.  
Julio Eschey  
Pres.