

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P93000059193

1. Entity Name
High-Tech Medical Center, Inc.

Principal Place of Business
61 Hook Square
Miami Springs, FL 33166

Mailing Address

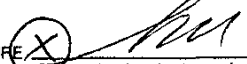
FILED
00 DEC -1 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business		3. Mailing Address		4. FEI Number 05-0431816		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State	City & State	City & State	City & State	Zip		Country	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Sara Martinez 61 Hook Square Miami Springs, FL 33166				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.

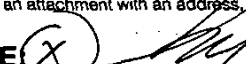
SIGNATURE  **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME Sara Martinez	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 61 Hook Square	CITY-ST-ZIP Miami Springs, FL 33166		STREET ADDRESS	CITY-ST-ZIP	
TITLE P/D	NAME Ricardo Castro	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS 61 Hook Square	CITY-ST-ZIP Miami Springs, FL 33166		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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  **DATE** **Daytime Phone #** KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIGH-TECH MEDICAL CENTER, INC.
DOC.#P93000059193

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59193

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECIEVED FIRST NOR SECOND NOTICE OF
SUCH REPORT.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN
ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT
ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION
REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



SARA MARTINEZ
PRESIDENT