

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 037 ***150.00

DOCUMENT # P93000062219

1. Entity Name
DAMYL MEDICAL SYSTEM, INC.

Principal Place of Business

**1840 W. 49TH STREET
#718
HIALEAH FL 33012**

Mailing Address

**1840 W. 49TH STREET
#718
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0434406

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

**AMADOR, ZAIMY
8425 N.W. 165 TERRACE
MIAMI FL 33016**

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

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 13, 2002 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 **P** ☐ Delete
NAME **AMADOR, ZAIMY**
STREET ADDRESS **1840 W. 49TH STREET, #718**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

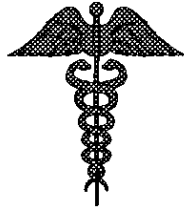
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment P93000062219
120713



Damyl Medical Systems Inc.
1840 West 49th Street
Suite 718
Hialeah, FL 33013
Tel (305) 820-7191

July 06, 2002

Florida Department of State
Division of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

Attn: Katherine Harris

This letter is to inform that the company listed above did not receive the renewal notice for the corporation this year, just today I received the second notice with the penalty. I immediately called and the person that answered the phone advised me to write a note and state the situation. Please if you can waive the penalty, I will make sure the next payment goes out on time, I will follow on January to make sure I receive the notice for the renewal.

Thanks,

Zaimy Amador
Zaimy Amador