

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077022

1. Entity Name

TECNO-MED-CARE SERVICES, CORP.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90071 015 ***150.00

Principal Place of Business 19350 SW 106TH AVE SUITE B MIAMI FL 33157 US	Mailing Address 10590 SW 184 TERR SUITE B MIAMI FL 33157-7019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10590 SW 184 TERR	3. Mailing Address 10590 SW 184 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI - FL.	City & State MIAMI - FL.	4. FEI Number 65-0447804	Applied For <input type="checkbox"/> Not Applicable
Zip 33157	Country US	Zip 33157	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VILAOMAT, JESUS F 19350 SW 106 AVE MIAMI FL 33157

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10590 SW 184 TERR MIAMI City FL Zip Code 33157
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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)	J.F. VILAOMAT	3/5/00 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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																
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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	J.F. VILAOMAT PRES.	3/5/00 Date	Daytime Phone #
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CR2E034 (9/99)