

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91634 025 ***550.00

DOCUMENT # P94000018997

1. Entity Name

LYMPHEDEMA INSTITUTE OF AMERICA, INC.

Principal Place of Business

7800 SW 57TH AVE
SUITE 209
MIAMI FL 33143
US

Mailing Address

P.O. BOX 161889
MIAMI FL 33116
US

2. Principal Place of Business

4748 SW 74th Ave

3. Mailing Address

P.O. Box 277510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIRAMAR, FLA

Zip

33155

Country

MIAMI

Zip

33027

Country

FLORIDA

4. FEI Number

65-0477714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROMERO, RENEE

7800 SW 57TH AVE

SUITE 209

MIAMI FL 33143

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	D	☐ Delete
NAME	ROMERO, RENEE	
STREET ADDRESS	7800 SW 45TH ST, #209	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	☐ Delete
NAME	ROMERO, PEDRO A	
STREET ADDRESS	7800 SW 45TH ST, #209	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ROMERO RENEE	☒ Change ☐ Addition
NAME	4748 SW 74th Ave	
STREET ADDRESS	MIAMI FL 33155	
CITY-ST-ZIP		
TITLE	ROMERO PEDRO	☒ Change ☐ Addition
NAME	4748 SW 74th Ave	
STREET ADDRESS	MIAMI FL 33155	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

ROMERO, RENEE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #