

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039414

1. Entity Name

LYVEMED CORPORATION

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90110 038 ***150.00

Principal Place of Business

Mailing Address

2601 SW 37 AVE
STE 502
MIAMI FL 33133

2601 SW 37 AVE
STE 502
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

2601 SW 37 AVE

2601 SW 37 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 904

SUITE 904

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33133

DADE

33133

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0496616

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

LLANES, JESUS M JR
158 SANS SOUCI DR.
CORAL GABLES FL 33133

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LLANES, JESUS M JR
158 SANS SOUCI DR.
CORAL GABLES FL 33133

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 201-444-1808

CR2E034 (10/00)