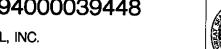
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P94000039448 **DOCUMENT #**

1. Entity Name TECNOMED INTERNATIONAL, INC.





Principal Place of Business Mailing Address C/O LARRAZABAL C/O LARRAZABAL



03-03-2003 90443 030 \*\*\*150.00

220 MIRACLE MILE. SUITE 217 CORAL GABLES FL 33134			220 MIRACLE MILE. SUITE 217 CORAL GABLES FL 33134					
2. Principal Place	e of Business	3. Mailing Addre	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, ε	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State	·	City & State	City & State			FE! Number 65-0494187	Applied For Not Applicable	
Zip	Country	Zip	Coul	ntry	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	<ol><li>Name and Address of Cu</li></ol>	rrent Registered Agent		7. Name and Address of New Registered Agent				
CHAVEZ, HILI	DA M	- 4-	t	Name	-			
11928 S.W. 7	4 TERRACE		Street Address			(P.O. Box Number is Not Acceptable)		
Lakeland fi	. 33813							
				City		FI		
<ol><li>The above nar the obligations</li></ol>	ned entity submits this statem of registered agent.	ent for the purpose of cha	nging its register	ed office or	egistered ag	ent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURESign.	ature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Agent signatur	e required when re	instating) DATE		
After Ma	NOW!!! FEE IS \$150.00 by 1, 2003 Fee will be \$55 yable to Florida Departme	0.00	-	,,-0,		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS	AND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 11	
STREET ADDRESS C/C	AVEZ, HILDA M ) LARRAZABAL, 220 MIRA RAL GABLES FL	Del	NAM STRE	1	,		Change Addition	

CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE Change Addition  NAME  STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP
TITLE NAME STREET ADDRESS	. □ Delete	TITLE Change Addition  NAME  STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

*a-26-03* .

Daytime Phone #