

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P94000051065

1. Entity Name

TECMED EXPORT INTERNATIONAL, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90098 044 \*\*\*150.00

Principal Place of Business

Mailing Address

9740 S.W. 146TH STREET  
MIAMI FL 33176-7829

9740 S.W. 146TH STREET  
MIAMI FL 33176-7829

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 **65-0501858**

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

**GANTT, RAGAN**  
**8220 SUNSET DRIVE**  
**SOUTH MIAMI FL 33143**

Name

**EDGAR G. PRUSS**

Street Address (P.O. Box Number is Not Acceptable)

**9740 S.W. 146 ST**

City

**MIAMI**

**FL**

Zip Code

**33176-**

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, type or printed name of registered agent and title if applicable.

**EDGAR G. PRUSS, DIRECTOR**

(NOTE: Registered Agent signature required when reinstating)

**11 APRIL 2000**

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, 2000 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 **D** ☐ Delete  
NAME **PRUSS, NORA M**  
STREET ADDRESS **9740 S.W. 146TH ST.**  
CITY-ST-ZIP **MIAMI FL 33176-7829**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information indicated on this report or supplied by the corporation or the receiver, changed, or on an attachment with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered.

I hereby certify that the information indicated on this report or supplied by the corporation or the receiver, changed, or on an attachment with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 and to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered.

SIGNATURE:

**NORA M. PRUSS, President** **5/8/00 3725.2225**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #