

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**  
 02-18-2002 90173 019 \*\*\*158.75

CR2E034 (9/01)

**DOCUMENT # P94000056721**

1. Entity Name  
**MIAMI INSTITUTE OF MEDICAL TECHNOLOGY, INC.**

Principal Place of Business

**9582 SW 40TH ST  
 4  
 MIAMI FL 33165  
 US**

Mailing Address

**9582 SW 40TH ST  
 4  
 MIAMI FL 33165  
 US**

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 **65-0520982**

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

**URRA, RENE R  
 9582 SW 40TH ST SUITE 4  
 MIAMI FL 33165**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **URRA, RENE R**  
 CITY-ST-ZIP **9582 S.W. 40 STREET**  
**MIAMI FL**

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

TITLE ☒ Delete  
 NAME **SD**  
 STREET ADDRESS **ARAMAYO, RUTH**  
 CITY-ST-ZIP **2112 N.E. 5 COURT**  
**NORTH MIAMI BEACH FL 33179**

TITLE ☒ Change ☐ Addition  
 NAME **VPD**  
 STREET ADDRESS **MYRIANNA URRA**  
 CITY-ST-ZIP **8201 SW 8 ST MIAMI FL 33144**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **URRA, MIRIANA**  
 CITY-ST-ZIP **8201 N.W. 8 STREET**  
**MIAMI FL 33144**

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **RENE L URRA**  
 CITY-ST-ZIP **\*8201 SW 8 St MIAMI FL 33144**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **ADM**  
 STREET ADDRESS **ADRIANA FRANCESE**  
 CITY-ST-ZIP **20680 NE 4th. CT-MIAMI FL 33179**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-04-02 (305) 229-9561**

Date

Daytime Phone #