

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079100

1. Entity Name  
CLINIMED CORP.

Principal Place of Business  
770 PONCE DE LEON BLVD #305  
CORAL GABLES FL 33134  
US

Mailing Address  
770 PONCE DE LEON BLVD #305  
CORAL GABLES FL 33134  
US

2. Principal Place of Business  
156 ALMERIA AVENUE

3. Mailing Address  
156 ALMERIA AVENUE

Suite, Apt. #, etc.  
#205

Suite, Apt. #, etc.  
#205

City & State  
CORAL GABLES, FL. 33134

City & State  
CORAL GABLES, FL. 33134

Zip  
33134

Country  
33134

Zip  
33134

Country  
33134

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90445 043 \*\*\*150.00

00020000



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0551127</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

FIGUERAS, VIVIAN T  
2801 PONCE DE LEON BLVD  
SUITE 1170  
CORAL GABLES FL 33134

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	PD RODRIGUEZ, WILLIAM 6630 SW 72ND CT MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, JUAN CARLOS 2870 N.E. 26TH COURT FORT LAUDERDALE FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALERO, RAMON 3613 ROYAL PALM AVE COCONUT GROVE FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Falero, Ramon</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 156 Almeria Avenue, Ste#205 Coral Gables, Fl. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGUERO, MANUEL 210 S VICTORIA PARK RD FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ramon Falero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

(305) 529-2223

Date

Daytime Phone #

CR2E034 (10/00)