

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000029507**

1. Entity Name

**DANATECH MEDICAL SYSTEMS CORP.****FILED****Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90141 009 \*\*\*150.00

Principal Place of Business

Mailing Address

5149 N W 74 AVE  
MIAMI FL 33166  
US5149 N W 74 AVE  
MIAMI FL 33143-6603  
US

2. Principal Place of Business

3. Mailing Address

8100 S.W. 81st Drive

8100 S.W. 81st Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 202.

Suite # 202.

City &amp; State

City &amp; State

Miami, Florida

Miami, FL

Zip

Country

Zip

Country

33143

USA

33143

USA

4. FEI Number

65-0572767

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

GUEVARA, LUIS F  
8323 LAKE DR M402  
MIAMI FL 33166

Name

Guevara Luis F

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

14930 SW 104 St Unit 26

City

Miami

FL

Zip Code

33196

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Luis F. Guevara

04/11/2000

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
GUEVARA, LUIS F  
8323 LAKE DR M402  
MIAMI FL 33166TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
Guevara, Luis F  
14930 SW. 104 Street Unit 26.  
Miami, FL 33196TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Luis F. Guevara

04/11/2000 305 2741810