

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90355 005 \*\*\*150.00

**DOCUMENT # P95000037682**

1. Entity Name  
**LUVECK MEDICAL CORP.**



Principal Place of Business  
**150 SE 2ND AVENUE SUITE 1200  
MIAMI FL 33131  
US**

Mailing Address  
**150 SE 2ND AVENUE SUITE 1200  
MIAMI FL 33131  
US**



2. Principal Place of Business  
**7170 N. W. 50th Street**

3. Mailing Address  
**7170 N. W. 50th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-0796062**

Applied For  
Not Applicable

Zip  
**33166**

Country  
**U S A**

Zip  
**33166**

Country  
**U S A**

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

6. Name and Address of Current Registered Agent

**ROSEN, BORIS CPA  
25 SE 2ND AVENUE, SUITE #220  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name  
**BORIS ROSEN CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 SE 2ND AVENUE, SUITE #1200**  
City  
**MIAMI, FL** Zip Code  
**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
GIRON-VALLENCILLO, RICARDO J  
7170 NW 50TH STREET  
MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
ISABEL TENORIO  
7170 NW 50th Street  
Miami FL 33166** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HASBUN, JUAN C  
7170 NW 50TH STREET  
MIAMI FL 33166** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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.

SIGNATURE:

**SIGNATURE (ISABEL TENORIO)**

Jan 10/2003

(305) 594-3132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)