2001 UNIFORM BUSINESS REPORT (UBR)

Jul 19, 2001 8:00 am Secretary of State P95000054203 DOCUMENT # 1. Entity Name 07-19-2001 90001 022 ***158 75 BRASAMERICA MEDICAL EQUIPMENT, INC. Principal Place of Business Mailing Address 2975 W. TRADE AVE 2121 PONCE DE LEON BLVD MIAMI, FL 33133 SUITE 240 CORAL GABLES, FL 33134 R0060179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 650728739 Not Applicable -Zip --- --- Country \$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD. #240 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550:00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VPDS** TITLE ☐ Delete ☐ Change Addition NAME NAME HORMANN, CINTIA STREET ADDRESS STREET ADDRESS 3046 VIRGINIA ST CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI, FL 33133</u> ☐ Delete TITLE ☐ Change Addition NAME NAME HORMAN, CYNTHIA STREET ADDRESS STREET ADDRESS 3046 VIRGINIA ST CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME MAFEI, LUIS N STREET ADDRESS STREET ADDRESS 3046 VIRGINIA ST CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

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 accountee 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 exposwered to effect 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 emptivered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

B0060179

Brasamerica Medical Equipment, Inc. 2121 Ponce de Leon Blvd #240 Coral Gables, FL 33134

June 27, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2001 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2001 U.B.R. form. Enclosed is a completed 2001 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,

BRASAMERICA MEDICAL EQUIPMENT, INC.