

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90157 034 ***158.75

DOCUMENT # P95000054203

1. Entity Name

BRASAMERICA MEDICAL EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

80139467

2. Principal Place of Business

3. Mailing Address

2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 240

SUITE 240

City & State

City & State

CORAL GABLES, FL.

CORAL GABLES, FL.

Zip

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

Applied For

65-0728739

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

SUITE 240

City

CORAL GABLES

FL

Zip Code

33134

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IN THIS SPACE**

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)**

☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D.P.
NAME LUIS N. MAFEI
STREET ADDRESS 2121 PONCE DE LEON SUITE 240
CITY - ST - ZIP CORAL GABLES, FL. 33134

TITLE D.V.P.S.
NAME CYNTHIA HORMAN
STREET ADDRESS 2121 PONCE DE LEON SUITE 240
CITY - ST - ZIP CORAL GABLES, FL. 33134

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IN THIS SPACE**

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 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 #

09-02-02 305 448333

CR2E034B (12/01)

Attachment

#P95000054203

BRASAMERICA MEDICAL EQUIPMENT, INC.
2121 Ponce de Leon Blvd #240
Coral Gables, FL 33134

July 29, 2002

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 2002 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2002 U.B.R. form. Enclosed is a completed 2002 U.B.R. and a check for \$158.75. We hereby request an abatement of the filling late penalties.

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

Sincerely,


BRASAMERICA MEDICAL
EQUIPMENT, INC.