

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066782

1. Entity Name

MEDISON LATIN AMERICA, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90001 018 ***150.00

Principal Place of Business

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US

Mailing Address

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0603311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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 PD, S, T
NAME CHO, CARLOS
STREET ADDRESS RUA EUGENIO DE MEDEIROS, 400/470
CITY-ST-ZIP PINHEIROS, SAO PAULO, BRAZIL ☐ Delete

TITLE %o MEDISON DO BRASIL LTDA.
NAME
STREET ADDRESS RUA APIACAS, 910 PERDIZES
CITY-ST-ZIP SAO PAULO, BRASIL CEP 05017-020 ☐ Change ☐ Addition

TITLE D
NAME PARK, JOON HYEONG
STREET ADDRESS 11075 KNOTT AVENUE
CITY-ST-ZIP CYPRESS CA ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

(305) 789-7681

Daytime Phone #

CR2E034 (10/00)

0153354