

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90460 027 \*\*\*150.00

DOCUMENT # **P96000030088**  
 1. Entity Name  
**ASM Medical Enterprises, Inc**

Principal Place of Business Mailing Address  
**10310 SW 52 Terrace** | **10310 SW 52 Terrace**  
**Miami Fla 33165** | **Miami Fla**  
**33165**

**00068643**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0690206** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**Suarez, Carmen**  
**9825 Costa del Sol Blvd**  
**Miami Fla 33178**

7. Name and Address of New Registered Agent  
 Name Street Address (P.O. Box Number is Not Acceptable) City State 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, 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**

ii. OFFICERS AND DIRECTORS

ADDRESS ST-ZIP	<b>President</b> <b>Jose J. Suarez</b> <b>10310 SW 52 Terrace</b> <b>Miami Fla 33165</b>	<input type="checkbox"/> Delete
ADDRESS ST-ZIP	<b>V. President</b> <b>Carmen Suarez</b> <b>9825 Costa del Sol Blvd</b> <b>Miami Fla 33178</b>	<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete
ADDRESS ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jose J. Suarez**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/27/00** (305) **5950547**  
 Date Daytime Phone #

CR2E034 (9/99)



036088 DO068043  
January 06, 2000

Florida Dept of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN

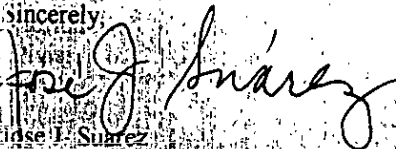
advise you of a change of address for ASM MEDICAL CORPORATION INC  
ID #65-0690206 With a previous address of 10340 S.W. 52<sup>ND</sup> TERRACE, MIAMI, FLA

PLEASE MAKE CHANGE TO THE NEW ADDRESS OF  
ASM MEDICAL ENTERPRISES INC

10310 S.W. 52<sup>ND</sup> TERRACE  
MIAMI FLORIDA 33165

Thank you in advance for your resolution to this request.

Sincerely,



José J. Suarez  
President ASM Medical