

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90618 008 ***158.75

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DOCUMENT # P96000046806

1. Entity Name

WORLD MEDICAL ENTERPRISES, INC.

Principal Place of Business

1611 NW 12TH AVE
 DIAGNOSTIC TREATMENT CENTER D-114
 MIAMI FL 33136
 US

Mailing Address

1111 BRICKELL BAY DRIVE
 APT. #1502
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

1111 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1502

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33131

U.S.A.

4. FEI Number

65-0671293

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

PALOMO, LOURDES
60 S. PROSPECT DRIVE
CORAL GABLES FL 33183

7. Name and Address of New Registered Agent

Name

MARIO A. MENDEZ

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

1111 BRICKELL BAY DRIVE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03/05/01
 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

TITLE **P** ☐ Delete
 NAME **MENDEZ, MARIO A**
 STREET ADDRESS **1111 BRICKELL BAY DRIVE, #1503**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
 NAME **MENDEZ, MARIO A**
 STREET ADDRESS **1111 BRICKELL BAY DRIVE, SUITE 1502**
 CITY-ST-ZIP **MIAMI, FL 33131**

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

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

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

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 another like empowered.

SIGNATURE:

MARIO A. MENDEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/01
 Date

(305) 585-5956
 Daytime Phone #

CR2E034 (10/00)