

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2000 8:00 am
Secretary of State

06-26-2000 90001 012 ***150.00

DOCUMENT # P96000087971

1. Entity Name

Bourbon Medical Corp.

Principal Place of Business	Mailing Address
7270 N.W. 12th St. Suite 340 Miami, FL 33126-1928	7270 N.W. 12th St. Suite 340 Miami, FL 33126-1928

2. Principal Place of Business	3. Mailing Address
7270 N.W. 12th St.	7270 N.W. 12th St.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 761	Suite 761

City & State	City & State
Miami, FL	Miami, FL

Zip	Country	Zip	Country
33126-1929	USA	33126-1929	USA

4. FEI Number
65-0705081Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00065683

6. Name and Address of Current Registered Agent

del Valle, Manuel R.
 7270 N.W. 12th St.
 Suite 340
 Miami, FL 33126-1928

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	7270 N.W. 12th St.
Suite	761
City	Miami
State	FL
Zip Code	33126-1929

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

11. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> Delete
NAME	Mello, Antonio C.	
STREET ADDRESS	Rua Pres. Rodrigo Otavio 842	
CITY - ST - ZIP	Curitiba, PA	

TITLE	D/S/T	<input type="checkbox"/> Delete
NAME	Witt, Antonio C.	
STREET ADDRESS	Rua Pres. Rodrigo Otavio 842	
CITY - ST - ZIP	Curitiba, PA	

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP	Curitiba, Brazil	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 as 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 #