

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

FILED

02 JUL -2 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

CARDIO CARE MEDICAL INC

PG 70 00004182

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

809 Golden Pond Ct

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State

FL

4. FEI Number

59-3419172

Applied For

Not Applicable

Zip
32828

Country
ORANGE

Zip

FL

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONALD C. Valente

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

809 Golden Pond Ct

City

Orlando,

FL

Zip Code

32828

**DO NOT WRITE
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
DONALD C. Valente
809 Golden Pond Ct
ORLANDO, FL 32828

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
Antoinetta C. Valente
809 Golden Pond Ct
ORLANDO, FL 32828

TITLE
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150.00

**DO NOT WRITE
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:

Donald C. Valente, President

6/28/02 407 281-9949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



Memo

DON VALENTE

6/28/02

Dear Secretary of State:

Please excuse my late response to the UBR as I was bypassed on your notification mailing and had no reminder in time. I have made a note in my date reminder for next year. It won't happen again.

Don Valente
President