

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90076 039 \*\*\*158.75

DOCUMENT # **PG7000104162** ✓  
1. Entity Name  
**TRANSMED ONE, INC.**  
**DATE INC. 12-10-97**

Principal Place of Business  
**10951 SW 93 COURT**  
**MIAMI, FL 33176**  
**US**  
Mailing Address  
**8561 CORAL WAY**  
**PMB 336**  
**MIAMI FL 33155**  
**US**

2. Principal Place of Business  
**10951 SW 93 COURT**  
Suite, Apt. #, etc.  
**MIAMI, FL**  
3. Mailing Address  
**8561 CORAL WAY**  
Suite, Apt. #, etc.  
**PMB 336**  
**MIAMI, FL**

City & State  
**MIAMI, FL**  
Zip  
**33176**  
Country  
**US**  
City & State  
**MIAMI, FL**  
Zip  
**33155**  
Country  
**US**

4. FEI Number  
**65-0796417**  
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  
**MONTESINOS, MARIA**  
**10951 SW 93 COURT**  
**MIAMI, FL 33176**

7. Name and Address of New Registered Agent  
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) **NO** ☐

**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 **NO** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MONTESINOS, MARIA** ☐ Delete  
**10951 SW 93 COURT**  
**MIAMI, FL 33176**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**✓**  
**MONTESINOS, JOSE I** ☐ Delete  
**10951 SW 93 COURT**  
**MIAMI, FL 33176**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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: **MARIA MONTESINOS** **MARIA MONTESINOS** **3/20/00** **(305) 271-3877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)