

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90066 011 ***150.00

DOCUMENT # P98000014894

1. Entity Name
ABIOMED RESEARCH PROFESSIONAL GROUP, INC.

Principal Place of Business
11452 S.W. QUAIL ROOST DRIVE
MIAMI FL 33157

Mailing Address
11452 S.W. QUAIL ROOST DRIVE
MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
950 S.W. 104 COURT

3. Mailing Address
950 S.W. 104 COURT

Suite, Apt. #, etc.
#305

Suite, Apt. #, etc.
#305

City & State
Miami, FL

City & State
Miami, FL

Zip
33174

Country
DOE

Zip
33174

Country
DOE

4. FEI Number **65-0814731**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ-DELGADO, LILY
950 S.W. 104 COURT, #305
MIAMI FL 33174

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
ED
NAME
PEREZ-DELGADO, LILY
STREET ADDRESS
950 S.W. 104 COURT, #305
CITY-ST-ZIP
MIAMI FL 33174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Lily Perez-Delgado* **PEREZ-DELGADO** **4/17/02** **(305) 2875744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)