

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90212 027 \*\*\*150.00

**DOCUMENT # P98000031857**



1. Entity Name  
**UNITED HOSPITAL TECHNOLOGIES INC.**

Principal Place of Business  
**12790 NW LE JEUNE RD  
OPA LOCKA FL 33054  
US**

Mailing Address  
**20801 BISCAYNE BV  
SUITE 403  
MIAMI FL 33180  
US**

2. Principal Place of Business

**12790 NW LEJEUNE RD**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**OPA LOCKA FL**

City & State

Zip

**33054**

Country

Zip

Country

4. FEI Number

**65-0835074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BTESH, SALOMON**

**12790 NW LE JEUNE RD**

**OPA LOCKA FL 33054**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Feb 26 03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PS</b>			
	<b>BTESH, SALOMON</b>			
	<b>12790 NW LE JEUNE RD</b>			
	<b>OPA LOCKA FL 33054</b>			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Feb 26 03**

CR2E034 (10/02)