

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036356

1. Entity Name

INFUSION SYSTEMS INC.

R

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90016 036 \*\*\*150.00

Principal Place of Business

930 NE 96TH STREET  
MIAMI FL 33138

Mailing Address

930 NE 96TH STREET  
MIAMI FL 33138

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0829825

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

HARDY, DUARD I  
930 NE 96TH ST  
MIAMI FL 33138

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HARDY, DUARD  
STREET ADDRESS 930 NE 96TH STREET  
CITY-ST-ZIP MIAMI FL 33138

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

TITLE D ☐ Delete  
NAME MARTEL, LEO  
STREET ADDRESS 930 NE 96TH STREET  
CITY-ST-ZIP MIAMI FL 33138

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

TITLE D ☐ Delete  
NAME HARDY, LILIAN  
STREET ADDRESS 930 NE 96TH STREET  
CITY-ST-ZIP MIAMI FL 33138

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 1, 2000 (305) 757-7880  
Date Daytime Phone #

CR2E034 (5/00)

attachment # P9B0000034354  
Bolo 0215

Infusion Systems, Inc.

**ISI**

1 (305) 757-1425

930 NE 96th St., Miami, FL 33138 Fax (305) 754-6412 orgmail@infusion-systems.com

September 1, 2000

To whom it may concern,

I am writing you in the hopes that you will forgive the additional penalty imposed by filing after the initial due date. I have searched everywhere and cannot find the initial filing forms. The only thing I can think of is that they may have been sent to our former registered agent but we have not used him in a while. We are a small company and things are very tight financially right now and I hope you can forgive the penalty. Thanks for your consideration in this matter.

Sincerely,

  
Duard I. Hardy  
President