

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000044084

1. Entity Name

ENVIROMED INTERNATIONAL, INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90056 010 \*\*\*158.75

Principal Place of Business

701 BRICKELL AVE. SUITE 3000  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE. SUITE 3000  
MIAMI FL 33131-2847

2. Principal Place of Business

1111 BRICKELL BAY DRIVE

3. Mailing Address

1111 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

APT. # 1502

Suite, Apt. #, etc.

APT. # 1502

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0880254

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE, SUITE 3000  
MIAMI FL 33131

Name

PALOMO, LOURDES

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

60 S. PROSPECT DRIVE

City

CORAL GABLES

FL

Zip Code  
33133

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, MARIO A	NAME	MENDEZ, MARIO A.
STREET ADDRESS	5661 PINE TREE DRIVE	STREET ADDRESS	1111 BRICKELL BAY DRIVE, #1502
CITY-ST-ZIP	MIAMI BEACH FL 33140-2149	CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

MARIO A. MENDEZ

4/21/00

Date

(305) 585-5956

Daytime Phone #

CR2E034 (9/99)