

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91158 019 ***150.00

DOCUMENT # P98000067235

1. Entity Name
TREPANSUR INC.

Principal Place of Business

**125 NE 24TH ST
 MIAMI FL 33137**

Mailing Address

**5555 COLLINS AVE
 #172
 MIAMI FL 33140**

2. Principal Place of Business

3. Mailing Address

5555 Collins Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#17-Z

City & State

MIAMI BEACH, FL 33140

4. FEI Number

65-0989479

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAIGAND, FRANCISCO

**5555 COLLINS AVE
 SUITE 172
 MIAMI FL 33140**

Name

WAIGAND, FRANCISCO

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

5555 COLLINS AVENUE

SUITE #17-Z

City

MIAMI BEACH, FL

FL

Zip Code

33140

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 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | WAIGAND, FRANCISCO A | |
| STREET ADDRESS | 2699 COLLINS AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | WAIGAND, RINA A | |
| STREET ADDRESS | 2699 COLLINS AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAIGAND, FRANCISCO A | |
| STREET ADDRESS | 5555 COLLINS AVENUE, SUITE #17-Z | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | |
| TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAIGAND, RINA A | |
| STREET ADDRESS | 5555 COLLINS AVENUE, SUITE #17-Z | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 29, 2002 305-438-1110

Date

Daytime Phone #

CR2E034 (9/01)