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

## **DOCUMENT #**

Principal Place of Business

1390 BRICKELL AVENUE

P98000073523

Mailing Address 1390 BRICKELL AVENUE

1. Entity Name

IMPLANT DEVICES & TISSUE FUNCTIONAL (USA), INC.



Apr 14, 2003 8:00 am \$ Secretary of State ... **FILED** 

04-14-2003 90915 031 **

31												
2. Principal Place of Business 3. M			Mailing Address			-{						
Suite, Apt. #, etc. Suite, Ap			Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State City & State				)		4. FEI Number 65-0862390					Applied For Not Applicable	
	Country		Country	!	<b>5.</b> Certifica	ate of Status De	sired					
6. Name an	d Address of Current Re	gistered	Agent			7. Name a	nd Address of	New Reg	istered A	gent		
, ALVARO CKELL AVE.					ddress (P.C	D. Box Num	ber is Not Acc	eptable)			M. J. a.	
STE 200 MIAMI FL 33131					City FL Zip Code						e	
		ne purpos	e of changing its re	egistered office o	r registered	l agent, or t	ooth, in the Sta	te of Florid	la. I am fa	amiliar with,	and accept	
Signature, typed or p	rinted name of registered agent and	title if applica	able. (NOTE: I	Registered Agent signat	lure required wh	en reinstating)			DATE			
May 1, 2003	Fee will be \$550.00	tate						-			0 May Be d to Fees	
	OFFICERS AND DI	RECTORS	3	11.		ADDITION	IS/CHANGES	O OFFICE	ERS AND	DIRECTOR	S (N 11	
1390 BRICK	ELL AVENUE , STE. 20	00	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
1390 BRICK	ELL AVE, STE 200		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	☐ Addition	
	± ( 0 ± − − − − − − − − − − − − − − − − − −		Delete Car	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ـ چې «ښتانېږ	0 - L	-		Change	Addition	
			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
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			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition	
	6. Name and ALVARO CKELL AVE.  33131  named entity such one of registere of registe	Country  6. Name and Address of Current Re ALVARO CKELL AVE.  33131  Camed entity submits this statement for the constant of registered agent.  Country  6. Name and Address of Current Re CKELL AVE.  33131  Canada agent.  Country  6. Name and Address of Current Re CKELL AVE.  33131  Canada agent.  Country  Country  6. Name and Address of Current Re CKELL AVE.  33131  Canada agent and Country  Coun	MIAMI ace of Business 3. Mailing between the purpose of Current Registered Country 3. Country 3. City & Country 4. City & Country 5. City & Country 5. City & Country 5. City & Country 5. City & Country 6. Name and Address of Current Registered 7. City & Cit	ace of Business  3. Mailing Address 4. etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  ALVARO  CKELL AVE.  33131  Tamed entity submits this statement for the purpose of changing its received agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE:  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  D JAEF, MARCELO 8 1390 BRICKELL AVENUE, STE. 200  MIAMI FL 33131  S  CASTILLO, ALVARO 1390 BRICKELL AVE, STE 200  MIAMI FL 33131  Delete  Delete	MIAMI FL 33131  acc of Business  3. Mailing Address 4. etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  ALVARO  KELL AVE.  33131  City  ALVARO  KELL AVE.  33131  City  Cit	MIAMI FL 33131  ace of Business  3. Mailing Address 3. Mailing Address 4. etc.  City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent Name Street Address (P.C.  City & State  City  6. Name and Address of Current Registered Agent Name Street Address (P.C.  City  FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete	MIAMI FL 33131  ace of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  S. Certifice  6. Name and Address of Current Registered Agent  7. Name a Name  Street Address (P.O. Box Num  KELL AVE.  33131  City  Description or productors of registered agent, or to registered agent, or to registered agent.  INOVER Pegistered Agent signature required when initializing to represent the production of registered agent, or to registered agent.  D. JAEF, MARCELO B 1300 BRICKELL AVENUE , STE. 200  MIAMI FL 33131  S. CASTILLO, ALVARO 1390 BRICKELL AVE, STE 200  MIAMI FL 33131  S. CASTILLO, ALVARO 1390 BRICKELL AVE, STE 200  MIAMI FL 33131  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete	MIAMI F. 33131    Mailing Address   3. Mailing Address	MIAMI FL 33131  Idea of Business  3. Mailing Address    etc.	MIAMI F. 33131    MIAMI F. 33131	ALVARO  ALVARO	

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: