

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000097339**

1. Entity Name

SERPREST MEDICAL, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

03-19-2001 90462 022 ***150.00

Principal Place of Business 7319 NW 56 STREET MIAMI FL 33166	Mailing Address PO BOX 668006 MIAMI FL 33166-9409
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40236

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0880536	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PIMENTEL, JOSE JOAQUIN 1020 NW 64 AVENUE MIAMI FL 33144	7. Name and Address of New Registered Agent Name: <u>ALBERTO MORA</u> Street Address (P.O. Box Number is Not Acceptable): <u>7319 NW 56 ST</u> City: <u>Miami</u> FL Zip Code: <u>33166</u>
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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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: <u>04-16-01</u>
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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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORA, ALBERTO 1505 SW 109 AVENUE, APT. 208 PEMBROKE PINES FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBERTO MORA 7319 NW 56 Ave MIAMI FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 info empowered.	SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>03-14-01</u> Date	DAYTIME PHONE: <u>305-887-4448</u> Daytime Phone #
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CR2E034 (10/00)