

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 NOV 26 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998 0000 99985
1. Entity Name GLORIA-MED AMERICA, INC.

Principal Place of Business Mailing Address
1417 N. Partin Dr. 1417 N. Partin Dr.
Suite 4 Suite 4
Niceville, FL 32578 Niceville, FL 32578

2. Principal Place of Business 3. Mailing Address
38 East 85th Street 38 East 85th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New York, New York New York, New York
Zip 10028 Country USA Zip 10028 Country USA

REINSTATEMENT 2001

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3562273 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

J. Thomas Miesen
1417 N. Partin Drive
Suite 4
Niceville, FL 32578

7. Name and Address of New Registered Agent

Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Tallahassee FL 32301

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 Judith S. Blancett Judith S. Blancett 12/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent as its agent) 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, 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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Miesen, Thomas J. 1025 Lakeway Dr. Niceville, FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peroschi, Alessandro 22017 Menaggio, Italy	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Peroschi, Alessandro Via Diaz, 7 I-22017 Menaggio, Como, Italy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peroschi, Alessandro Via Diaz, 7 I-22017 Menaggio, Como, Italy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

200004721382--2
-12/12/01--01084--004
****750.00 ****750.00
900004721439--1
-12/12/01--01084--025
****758.75 ****758.75

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: Alfred October 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #