

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023621

1. Entry Name

INVERSIONES CANAGUA/ULTIMATE MEDICAL MANUFACTURING, CORP.

APPROVED
AND
FILED

00 FEB 10 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6555 NW 36 ST. #320
MIAMI, FL. 33166

Mailing Address

6555 NW 36 ST. #320
MIAMI, FL. 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0908873

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

PIETRO MINICOZZI
18100 NW 68 AVE. #109
MIAMI, FL. 33015

Name

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

City

FL

Zip Code

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

MINICOZZI PIETRO

Signature typed or printed name of registered agent and agent 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 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 ☐ Delete
NAME PIETRO A MINICOZZI
STREET ADDRESS 18100 NW 68 AVE. #109
CITY-ST-ZIP MIAMI, FL. 33015

TITLE VP ☐ Delete
NAME IRINA MARTINEZ
STREET ADDRESS 18100 NW 68 AVE. #109
CITY-ST-ZIP MIAMI, FL. 33015

TITLE T ☐ Delete
NAME ORESTES HERNANDEZ
STREET ADDRESS 8864 NW 110 ST.
CITY-ST-ZIP HIALEAH GARDENS FL. 33018

TITLE S ☐ Delete
NAME EUGENIO MARTINEZ
STREET ADDRESS 18100 NW 68 AVE. #109
CITY-ST-ZIP MIAMI, FL. 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003137321--9
CITY-ST-ZIP -02/16/00--01059--009
****150.75 ****150.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

MINICOZZI PIETRO

2/9/00

Date

Daytime Phone #