

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90031 008 ***150.00

DOCUMENT # P99000026197

1. Entity Name
SURGITECH PLUS, INC.

Principal Place of Business

**3744 CORAL TREE CIR.
 COCONUT CREEK FL 33073**

Mailing Address

**3744 CORAL TREE CIR.
 COCONUT CREEK FL 33073**

2. Principal Place of Business

**11670 NW 56TH DRIVE
 Suite/Apt. # etc. 104**

3. Mailing Address

**11670 NW 56TH DRIVE
 Suite/Apt. # etc. 104**

City & State
CORAL SPRINGS, FL.

Zip **33076** Country **USA**

City & State
CORAL SPRINGS, FL.

Zip **33076** Country **USA**

4. FEI Number **65-0915150**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TRIBUCH, KENNETH H ESQ.
 2100 CORAL WAY
 STE 403
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTLIEB, CHRIS D	
STREET ADDRESS	3744 CORAL TREE CIR.	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CHRISTIEB CHRIS D	
STREET ADDRESS	11670 NW 56TH Dr. #104	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

954.345.1608

Daytime Phone #

CR2E034 (9/01)