

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051620

1. Entity Name

ALIMED U.S.A. CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8620 NW 64 STREET

Suite, Apt. #, etc.

APT # 16

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0931218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARTHA G. ESCOBAR

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

101 WEST 24 STREET

City
HIALEAH,

FL

Zip Code
33010

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

Martha G. Escobar

10/08/2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
MARTHA G. ESCOBAR
101 WEST 24 STREET
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SECRETARY
LUIS GARCIA
101 WEST 24 STREET
HIALEAH, FL 33010

TITLE
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CITY- ST- ZIP

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300008598573
10/25/02--01098--008 **150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Martha G. Escobar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/2002

Date

Digitize Here

FILED

02 OCT 10 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that on September 01 2001 we change our address but the U.B.R. for the year 2002 was never received or any other notice from the Division of Corporations in respect with my Corporation **ALIMED USA, INC.**

Thank you for your courtesy in this matter.


MARTHA G ESCOBAR
PRESIDENT