

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051764

1. Entity Name

QUALMED OF MIAMI, INC.

Principal Place of Business

10191 SUNSET DRIVE
MIAMI FL 33173

Mailing Address

10191 SUNSET DRIVE
MIAMI FL 33173-3004

2. Principal Place of Business

2901 N.W. 17 Avenue

3. Mailing Address

P.O. Box 441206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0925342

Applied For
Not Applicable

Zip
33142-6631

Country

Zip
33144-1206

Country

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

6. Name and Address of Current Registered Agent

ESPINOSA, HENRY
10191 SUNSET DRIVE
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name
DIAZ, ISABELLE
Street Address (P.O. Box Number is Not Acceptable)
7805 Coral Way, Suite 103
City
Miami FL Zip Code
33155-6539

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 *Isabelle Diaz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ESPINOSA, HENRY
10191 SUNSET DRIVE
MIAMI FL 33173 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DIAZ, ISABELLE
7805 Coral Way, Suite 103
Miami, FL 33155-6539 ☒ Change ☒ Addition

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE: *Isabelle Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 (305) 269-9788

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90094 044 ***150.00

C0012456



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)