


AMEND #6/25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
"CLERK OF STATE"
DIVISION OF CORPORATION
03 JUL 14 PM 1:31

DOCUMENT # P99000051764

1. Entity Name
QUALMED OF MIAMI, INC.



Principal Place of Business
2901 NW 17 AVE
MIAMI, FL 33142-6631

Mailing Address
P O BOX 441206
MIAMI, FL 33144-1206

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0925342** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**REGALADO, JOSE M
7805 CORAL WAY
STE 103
MIAMI, FL 33155-6539**

7. Name and Address of New Registered Agent
Name **ELENA MOURE-DOMECA**
Street Address (P.O. Box Number Is Not Acceptable)
9260 SUNSET DRIVE #205
City **MIA. FL** Zip Code **33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **ELENA MOURE-DOMECA, 7-10-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ, ISABELLE 7805 CORAL WAY- STE 103 MIAMI, FL 331556539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100021760284 07/24/03--01013--006 **367.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGALADO, RICARDO L 7805 CORAL WAY, SUITE 103 MIAMI, FL 331556639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Ricardo L. Regalado D-VP (SAME) MIA. FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA TORRE, ROSA 7805 CORAL WAY, SUITE 103 MIAMI, FL 331556539 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABEZAS, PATRICIA 7805 CORAL WAY, SUITE 103 MIAMI, FL 331556539 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-10-03** 305
Daytime Phone # **269-9788**

CR2E034 (10/02)