

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059506

1. Entity Name

LATIN AMERICAN ASSOCIATION OF BIOMEDICAL ENGINEER

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90037 017 \*\*\*150.00

Principal Place of Business  
3910 CRYSTAL LAKE DRIVE #304  
POMPANO BEACH FL 33064

Mailing Address  
3910 CRYSTAL LAKE DRIVE #304  
POMPANO BEACH FL 33064-1217

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State-  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
125-0931159  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CARRILLO, ARTURO  
3910 CRYSTAL LAKE DRIVE #304  
POMPANO BEACH FL 33064

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, 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  
D CARRILLO, ARTURO 3910 CRYSTAL LAKE DRIVE #304 POMPANO BEACH FL 33064  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
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, 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] 4/10/2000 954-9431238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)