

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-21-2002 90888 003 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000059506**

1. Entity Name

**Latin American Association
of Biomedical Engineers and Technicians**

Principal Place of Business

Mailing Address

9500 NW 77 Ave #17 Hialeah Gd Fl 33016
9500 NW 77 Ave #17 Hialeah Gd Fl 33016

36172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0931159

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARTURO CARRILLO
9500 NW 77 AVE #17
HALEAH GARDENS FL 33016

Name

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

City

FL

Zip

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 date if applicable.

(NOTE: Registered Agent signature required when transferring)

11-01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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**\$5.00 May Be
Added in Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

Carrillo Arturo
9500 NW 77 AVE #17 P/V
Hialeah Gd Fl 33016

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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, as changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature: