

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000062240**

Entity Name

BARSCH MEDICAL USA, INC

Principal Place of Business

Mailing Address

7760 W. 20th Ave #21

Hialeah, FL 33016

Principal Place of Business

Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

01 NOV -2 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-01 UBR

4. FEI Number

65-0939078

Applied For

Not Applicable

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

ENRIQUE BERRIOS

7760 W. 20th Ave #21

HIALEAH, FL 33016

Name

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

City

FL

Zip Code

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

(If not a registered agent, please provide a contact (company))

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **ENRIQUE BERRIOS**

STREET ADDRESS **7760 W 20 Ave #21**

CITY-ST-ZIP **Hialeah, FL 33016**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of assets 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 attached address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/01

E.B.

CR2E034 (10/00)



202

Uniform Business Report
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Document P99000062240
EIN 65-0939078

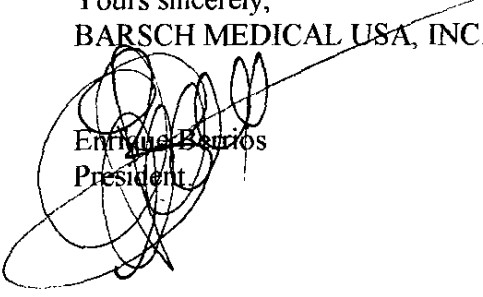
To Whom It May Concern.

As per our conversation, I am hereby sending you a check in the amount of three hundred Dollars (\$300.00) for reinstatement of the above corporation.

As I explained to you earlier, my office changed it's address and unfortunately, I was out of the country for extended periods of time during the past two years because of a personal family crisis.

Again, I tank you for your help and understanding in this matter.

Yours sincerely,
BARSCH MEDICAL USA, INC.


Enrique Barrios
President