2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062240

Entity Name

BARSCH MEDICAL USA, INC

FILED

01 NOV -2 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

7760 W. 20th Ave #21
Hialeah, FL 33016

2. Principal Place of Business | 3. Mailing Address

Suite, Apt #, etc. | Suite, Apt #, etc.

City & State | City & State

Zip | Country | Zip | Country

00-01 UBR

DO NOT WRITE IN THIS SPACE

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

ENRIQUE BERRIOS
7760 W. 20th Ave #21
HIALEAH, FL 33016

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENRIQUE BERRIOS 7760 W 20 Ave #21 Hialeah, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
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CR2E034 (10/00)

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: ______ 10/03/01 E.B.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

202

BARSCH MEDICAL USA

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

7760 W. 20th Avenue, bay # 21, Hialeah, Florida 33016 • Tel.: 305-362-7217 • Fax: 305- 824-9284
E-mail: barsch@bellsouth.net