## -2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P99000085273 **DOCUMENT #**

1. Entity Name

SPIROMETRY SUPPORT INC.



**FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90056 029 \*\*\*158.75

Principal Place of Business 13500 S.W. 88TH STREET SUITE 295B MIAMI FL 33186			Mailing Address 13500 S.W. 88TH STREET SUITE 295B MIAMI FL 33186								
2. Principal Place of Business		-	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & St	City & State			City & State			<b>4.</b> F	El Number 65-0958321		<b>⊢</b>	Applied For
Zip				)	itry	5. Certificate of Status Desired \$8.75 Addition Fee Required			Not Applicable		
	6. Name and	Address of Current	Register	red Agent	·		7. N	ame and Address of New Reg			
SUITE 29	.w. 88th street 95B					Name Street Address (F		x Number is Not Acceptable)			
1 71	MIAMI FL 33186					City			FL	Zip Co	
SIGNATURE		d name of registered agent a		<del></del>		Agent signature required to		nt, or both, in the State of Floric	DATE	amiliar with	, and accept
Afte Make Chec	er May 1, 2003 Fee	e will be \$550.00 da Department of			_			<ol><li>Election Campaign Finan Trust Fund Contribution.</li></ol>	cing 🗔	<b>\$5.</b> 0 Adde	00 May Be ed to Fees
TITLE	D	OFFICERS AND	DIRECTO		11.		ADD	ITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	3S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, JOSE	TERRACE		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	-	a - especial and a second	<del></del>	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	-			Delete	TITLE NAME STREET CITY-S	T ADDRESS			<u>.</u>	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ev.		Delete	TITLE NAME STREET / CITY-ST	ADDRESS				Change	☐ Addition

I hereby certify that the information supplied with this illing 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trusted empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

*305-*382-9332