2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State
05-03-2000 90116 029 ***150.00

DOCUMENT # P99000089868

1. Entity Name

UNIVERSAL MEDICAL TECHNOLOGY, INC.

R

Principal Place of Business	Mailing Address
C/O LAWRENCE M. MARKS ~~9049 KENT COURT~~ 3840 MIAMI FL 33133	C/O LAWRENCE M. MARKS ~~9049 KENT COURT~~ 3840 MIAMI FL 33133

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3840 KENT COURT Suite, Apt. #, etc.	3840 KENT COURT Suite, Apt. #, etc.
City & State: COCONUT GROVE FL.	City & State: COCONUT GROVE, FL.
Zip: 33133 Country: MIAMI-DADE	Zip: 33133 Country: MIAMI-DADE

4. FEI Number: X 65-0956297 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MIAMI CENTER REGISTERED AGENTS, INC.~~
~~201 S. BISCAYNE BLVD.~~
~~17TH FLOOR~~
~~MIAMI FL 33131~~

LAWRENCE M. MARKS
3840 KENT COURT
COCONUT GROVE, FL 33133

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 X
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete VICTOR MARCIAL-VEGA, M.D. PRESIDENT 2916 Douglas Road, Coral Gables, FL. 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete LAWRENCE M. MARKS 3840 KENT COURT COCONUT GROVE, FL. 33133	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete SECRETARY / TREASURE	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: LAWRENCE M. MARKS, DIRECTOR, 4.24.00 305-444-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #