UNIFORM BUSI ESS REPORT (UBR)

CUMENT S 45311

Name

AIRTECH RESPIRATORY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90110 003 ***150.00

Place of Business	Mailing Address
PMB 250 1825 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	SAME
Principal Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.
State	City & State
Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0267918 — 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
PRICE, IRA B. 5901 SW 74th ST # 404 MIAMI, FLORIDA 33143	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

The corporation is eligible to satisfy its Intangible filing requirement and elects to do so. (criteria on back) ☑

~~FEE NOW!!! FEE IS $150.00~~
~~After MAY 1, 2000 Fee will be $550.00~~
~~Make Checks 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	
BASULTO, JOSE 6751 N. WATERWAY DR. MIAMI, FLORIDA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: X [signature] X 4/18/00 X (305) 260-2830