

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53909

1. Entity Name

REPEX MEDICAL PRODUCTS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90111 022 \*\*\*150.00

Principal Place of Business 2333 BRICKELL AVE #UL3 MIAMI FL 33129-435 US	Mailing Address 2333 BRICKELL AVE UL 3 UL 3 MIAMI FL 33129 US
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2. Principal Place of Business 5240 SW 64th AVE Suite, Apt. #, etc.	3. Mailing Address 5240 SW 64th AVE Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FLORIDA
Zip 33155	Country USA

4. FEI Number 65-0262730	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ARGIANAS, SUELY P. 2333 BRICKELL AVE. SUITE UL3 MIAMI FL 33129	7. Name and Address of New Registered Agent Name SUELY P. ARGIANAS Street Address (P.O. Box Number is Not Acceptable) 5240 SW 64th AVE City MIAMI FL Zip Code 33155
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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.	SUELY P. ARGIANAS (NOTE: Registered Agent signature required when reinstating)	4/26/2000 DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGIANAS, SUELY P. 2333 BRICKELL AVE. #UL3 MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARGIANAS, SUELY P. 5240 SW 64th AVE MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	SUELY P. ARGIANAS Date	4-26-2000 (305) 740-0133 Daytime Phone #
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