

2000 UNIFORM BUSINESS REPORT (UBR)

0250801

DOCUMENT # S60371

1. Entity Name

MEDICAL DEVICES, INC.

Principal Place of Business

8235 NW 64TH STREET, #4
MIAMI FL 33166
US

Mailing Address

8235 NW 64TH STREET #4
MIAMI FL 33166-2768
US

2. Principal Place of Business

8335 NW 68 ST

Suite, Apt. #, etc.

3. Mailing Address

8335 NW 68 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0268711

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL REY, JORGE R

8235 NW 64TH ST. 44

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

NICOLAS GAMARRA

Street Address (P.O. Box Number is Not Acceptable)

8335 NW 68 ST.

City

MIAMI, FL.

FL

Zip Code

33166

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, 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

TITLE PD ☒ Delete
NAME PASSOS, PEDRO FRANCISCO
STREET ADDRESS RUA PIRITUBA 121
CITY-ST-ZIP SAO PAULO, BRAZIL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME ELIEL CARVALHO DA SILVA
STREET ADDRESS 8335 NW 68 ST.
CITY-ST-ZIP MIAMI, FL. 33166

TITLE ☐ Change ☐ Addition
NAME 400003096814--9
STREET ADDRESS -01/12/00--01100--002
CITY-ST-ZIP *****158.75 *****158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

ELIEL CARVALHO DA SILVA JAN 5, 2000

Date

Daytime Phone #

FILED
00 JAN -6 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

TS