2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V22362 **DOCUMENT #**

1. Entity Name SUMED, CORP.



Feb 11, 2003 8:00 am Secretary of State
02-11-2003 90065 010 ***150.00 **FILED**

Principal Place of Business 515 SW 12TH AVE SUITE 511 MIAMI FL 33130 US		515 SW 12TH SUITE 511	MIAMI FL 33130						
2. Principal Place of Business			3. Mailing Address Same					I BABAI BYBAI	DIALI DIBIT (BO)
MiAMi Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
	Saue								
City & State		City & State			4. 1	65-0323041		J	pplied For lot Applicable
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired			S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent			. 7.	Name and Address of New Re	gistered Ag	ent	
	<u> </u>			Name					
NERET, MAURICIO 515 SW 12 AVE #511				Street Ad	reet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL					•	· • • ·			
IVIIAIVII FL	33130			City			FL	Zip Cod	e
D TI I	named entity submits this statement	t for the murpose of sh	onalas ita raziator	rod office or a	registered ag	ont or both in the State of Flori		hiliar with	and accept
	ons of registered agent.	t for the purpose of cir	anging its register	red diffice of t	egistered ag		130.0		
SIGNATORE	Signature, typed or printed name of registered ag-	and title if applicable.	(NOTE: Register	ed Agent signatur	e required when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution.	· ,		00 May Be d to Fees
10.		ND DIRECTORS	I 11.	•	AC	L DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	3S IN 11
TITLE	D		Delete THT	LE	D			C hange	Addition
NAME	NERET, MAURICIO		NAM	VIE	NEREI	T, MAURICIO			
STREET ADDRESS	6000 RIVIERA DR.					MEDINA AVE.	2:21:		
CITY-ST-ZIP	CORAL GABLES FL					GABLES, FL. 3		- Z 01	
TITLE	D NEDET FLICA A		Delete TITI	LE [D Neret	- FLISA A	,	X Change	☐ Addition
NAME STREET ADDRESS	NERET, ELISA A 6000 RIVIERA DR			REET ADDRESS	130 N	LEUISA A MEDINA AVE.	,		
CITY-ST-ZIP	CORAL GABLES FL		CIT	Y-ST-ZIP	COLAL	GABLES, FL. 3	3134		
TITLE			Delete TITL	LE -	·			Change	Addition
NAME			NAM	ME					}
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	,			Y-ST-ZIP					
TITLE	¥	L. I	Delete TITU					Change	☐ Addition
NAME STREET ADDRESS			NAM STR	REET ADDRESS					\
CITY-ST-ZIP				Y-ST-ZIP					ľ
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NAME	,	۵.	NAM						
STREET ADDRESS			STR	REET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE			Delete TITI	LE T				Change	☐ Addition
NAME			NAM						
STREET ADDRESS	,			REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					1-1-1-1
12. Thereby of	ertify that the information supplied v	with this filing does no rt is true and accurate	t qualify for the exe	emption state ature shall ha	ed in Section	119.07(3)(i), Florida Statutes. Ut legal effect as if made under oa	rurtner certif ath: that I an	y that the n an office	information or director

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it are all all other 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

250 MAURICIO NERET SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR