

2000 UNIFORM BUSINESS REPORT (UBR)

0001024 AF

DOCUMENT # Z00486

1. Entity Name
SKL MEDICAL PRODUCTS, L.C.

Principal Place of Business: 8438 N.W. 61ST STREET, MIAMI FL 33166
Mailing Address: 8438 N.W. 61ST STREET, MIAMI FL 33166

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 11:02



DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0296327** Applied For: Not Applicable:

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: **SIGARS, L. JANA, 5200 BLUE LAGOON DRIVE, MIAMI FL 33126**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: NETO, MANUEL S. STREET ADDRESS: AV. DOS CARINAS, 525 CITY-ST-ZIP: INDIANOPOLIS, BRAZIL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: KITABAYSHI, HIROYUKI STREET ADDRESS: AV. PEDRO BUENO, 982 CITY-ST-ZIP: SAO PAULO, BRAZIL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: SOBRINHO, PAULO L. STREET ADDRESS: AV. PEDRO BUENO, 982 CITY-ST-ZIP: SAO PAULO, BRAZIL	<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
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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

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*******50.00 *****50.00**

CR2E083 (5/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** DATE: _____ DAYTIME PHONE #: _____