

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90039 031 ***150.00

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DOCUMENT # P01000072690

1. Entity Name
L.M.J. MEDICAL SUPPLIES, INC.



Principal Place of Business
**1130 S.E. 9TH COURT
HIALEAH FL 33010**

Mailing Address
**1130 S.E. 9TH COURT
HIALEAH FL 33010**

2. Principal Place of Business
7601 West Flager St.

3. Mailing Address
7601 West Flager

Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
206

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
90-0000546

Applied For
Not Applicable

Zip Country
33144 Miami-Dade

Zip Country
33144 Miami-Dade

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BELTRAN, LUIS E
1130 S.E. 9TH COURT
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7601 West Flager St. Suite 206
City **Miami** FL Zip Code **33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD BELTRAN, LUIS G	<input type="checkbox"/> Delete
STREET ADDRESS	8084 N.W. 10TH ST APT 3	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE NAME	VD LOPEZ, MIGDALIA	<input type="checkbox"/> Delete
STREET ADDRESS	1130 S.E. 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10001 West Flager St. Apt. 149A	
CITY-ST-ZIP	Miami, FL 33174	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **MIGDALIA LOPEZ** 01-13-2003 (305)265-3507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)