2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90089 012 ***158.75

DOCUMENT # P94000029034

1. Entity Name
SAHARA MEDICAL EQUIPMENT INC.

Principal Place of Business	Mailing Address
1840 WEST 49TH STREET SUITE 702 HIALEAH FL 33012 US	8145 NW 187TH TERR SUITE 702 HIALEAH FL 33015 US

711239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1840 W. 49 St.	1840 W. 49 St.
Suite, Apt. #, etc.: Suite 704	Suite, Apt. #, etc.: Suite 704
City & State: Hialeah FL	City & State: Hialeah, FL.
Zip: 33012 Country: US.	Zip: 33012 Country: US

4. FEI Number 65-0485168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALGRAT, MARIA 8145 NW 187TH TERRACE MIAMI FL 33015	Name: MACARIO EFRAIN ZELEDON Street Address (P.O. Box Number is Not Acceptable): 17301 N.W. 51 PLACE City: MIAMI FL Zip Code: 33055

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: Macario Efrain Zeledon 1/31/001
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALGRAT, MARIA 8145 NW 187TH TERR HIALEAH FL 33015 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACARIO EFRAIN ZELEDON (PRESIDENT) 17301 N.W. 51 PLACE MIAMI FL. 33055 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Macario Efrain Zeledon 1/31/001 (305)825-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #