2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90166 011 ***150.00

DOCUMENT # P94000029034

1. Entity Name
SAHARA MEDICAL EQUIPMENT INC. ✓

Principal Place of Business	Mailing Address
~~1040 WEST 49TH STREET~~ ~~SUITE 704~~ ~~HIALEAH FL 33012~~ US	~~1340 WEST 49TH STREET~~ ~~SUITE 704~~ ~~HIALEAH FL 33012~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
951 B SW 87 Ave	951 B SW 87 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33174 Country: USA	Zip: 33174 Country: USA

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
RUIZ, RIGOBERTO ~~1840 W. 49TH STREET~~ ~~SUITE 704~~ HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable): 951 B SW 87th Ave City: Miami FL Zip Code: 33174

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: X _____
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 $550.00
After September 13, 2002 Fee will be $750.00
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	PVST ~~RUIZ, RIGOBERTO~~ ~~1840 WEST 49TH STREET, SUITE 704~~ ~~HIALEAH FL 33012~~	☐ Delete	PVST D Ruiz, Rigoberto 951 B SW 87 Ave, Miami, Fl 33174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUIZ, RIGOBERTO ~~1840 WEST 49TH STREET, SUITE 704~~ ~~HIALEAH FL 33012~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (4/02)

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B0131031

LAW OFFICES
METSCH & METSCH, P.A.
1455 NW 14 STREET
MIAMI, FLORIDA 33125

LAWRENCE R. METSCH*
BENJAMIN R. METSCH
*ALSO ADMITTED IN CONNECTICUT

TELEPHONE 305-545-6400
TELECOPIER 305-545-7224

Attachment

July 19, 2002

Via Certified Mail

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Re: Sahara Medical Equipment, Inc-
Doc. P94000029034

To whom it may concern:

This law firm now represents Sahara Medical Equipment, Inc. in connection with the above referenced matter.

Pursuant to our conversation with your offices, this letter will serve as official notice that Sahara Medical Equipment, Inc. never received the initial annual report application. The application sent in January was sent to an old address. Hence, they were unable to file an annual report until now. Enclosed please find the completed UBR along with a check in the amount of $150.00

Should you require any further documentation or have any questions, please do not hesitate to contact us.

Sincerely,

Ninnette M. Ortiz
Paralegal

Enclosures