

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90048 032 \*\*\*150.00

**DOCUMENT # P95000034394**

1. Entity Name  
**B.J. MEDICAL SUPPLY GROUP, CORP.**

Principal Place of Business Mailing Address  
~~13777 NW 22TH ST~~ ~~SUNRISE FL 33323~~ **4500 HIATUS RD. #202**  
~~SUNRISE FL 33323~~ **SUNRISE FL 33351-7963**

2. Principal Place of Business **4500 HIATUS RD**  
 3. Mailing Address

Suite, Apt. #, etc. **#202**  
 Suite, Apt. #, etc.

City & State **SUNRISE**  
 City & State

Zip **FL** Country **33351**  
 Zip Country

4. FEI Number **59-3312672** 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

**NEUZA, CESAR**  
**7225 NW 25TH ST**  
**SUITE 306**  
**MIAMI FL 33329**

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 *[Signature]* DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	<del>JUNG, BRUNO FELIPE</del>	
STREET ADDRESS	<del>13777 N.W. 22ND ST.</del>	
CITY-ST-ZIP	<del>SUNRISE FL 33323</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<del>JUNG, FELIPE BEG</del>	
STREET ADDRESS	<del>13777 S.W. 22ND ST.</del>	
CITY-ST-ZIP	<del>SUNRISE FL 33323</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUNG, FELIPE B</b>	
STREET ADDRESS	<b>13777 NW 22ND ST</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	
TITLE	ND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEUZA M. CESAR</b>	
STREET ADDRESS	<b>1120 RIVER BIRCH ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	SECR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUNG BRUNO F</b>	
STREET ADDRESS	<b>13777 NW 22ND ST</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE *[Signature]* DATE Daytime Phone #

CR2E034 (9/99)