

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90129 043 ***550.00

DOCUMENT # P01000056238

1. Entity Name
CVG MEDICAL, INC.



Principal Place of Business
4501 PALM AVE #206
HIALEAH FL 33012

Mailing Address
4501 PALM AVE #206
HIALEAH FL 33012

1800 W. 49 ST

1800 W 49 ST

2. Principal Place of Business

324 I

Suite, Apt. #, etc.
Hialeah

City & State
Fla

Zip
33012

Country
U.S.A

3. Mailing Address

324 I

Suite, Apt. #, etc.
Hialeah

City & State
Fla

Zip
33012

Country
U.S.A



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1110364**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, MARIA R
4501 PALM AVE #206
HIALEAH FL 33012

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CRUZ, MARIA R
4501 PALM AVE #206
HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-2-03

CR2E034 (4/03)