

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90184 004 \*\*\*150.00

DOCUMENT # *P00000014021*

1. Entity Name

*J. and C. Medical Equipment Corp.*

Principal Place of Business

Mailing Address

*1790 W. 49th*

*Same*

*Suite 305-13*

*Hialeah FL 33012*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*65-1042607*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

77043

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Janet Charlene Sanchez*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

*61 E. 33 St.*

*Hialeah FL 33013*

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, 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

TITLE *DPTS* ☐ Delete  
NAME *Sanchez Janet Ch.*  
STREET ADDRESS *61 E. 33 St. FL 33013*  
CITY-ST-ZIP *Hialeah*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*6/18/01 305 698 5558*

CR2E034 (11/00)

Attachment Doc# ~~XXXXXXXXXX~~ 00000014621

77043

DATED: JUNE 19, 2001

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
ANNUAL REPORTS SECTION.

RE: J AND C MEDICAL EQUIPMENT CORP.

TO WHOM IT MAY CONCERN

~~THE FOLLOWING IS TO INFORM YOU THAT I, JANET CHARLENE~~  
SANCHEZ, PRESIDENT OF THE ABOVE MENTIONED CORPORATION, WAS  
UNABLE TO FILE THE 2001 ANNUAL REPORT FOR MY CORPORATION  
BEFORE THE DUE DATE BECAUSE:

I NEVER RECEIVED THE ANNUAL REPORT. HAD I RECEIVED IT, I  
WOULD HAVE SENT IT DIRECTLY. I NEVER RECEIVED NOTICE THAT I  
EVEN HAD TO RENEW MY CORPORATION.

I ASK YOU TO PLEASE ACCEPT A CHECK OF \$ 150.00 TO  
COVER THE INITIAL FILING FEE AND WAIVE THE PENALTY WITH THE  
ASSURANCE THAT THIS WILL NOT HAPPEN AGAIN IN THE FUTURE.

SINCERELY

  
CORPORATION OFFICER

Attachment  
Doc# P00000014021  
77043



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

June 25, 2001

**J AND C MEDICAL EQUIPMENT CORP.**  
1790 WEST 49TH STREET  
SUITE 305-13  
HIALEAH, FL 33012

Subject: **J AND C MEDICAL EQUIPMENT CORP.**

Reference Number: **P00000014021**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AS  
ANNUAL REPORTS SECTION