

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91787 037 ***150.00

DOCUMENT # *P00000059167*

1. Entity Name

Cosmopolitan Medical Equipment Inc



80110714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2301 N.W. 7th St.

3. Mailing Address

2301 N.W. 7th St.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Miami, FL 33125

City & State

Miami, FL

4. FEI Number

65-101-7546

Applied For

Not Applicable

Zip

33125

Country

Miami-Dade, USA

Zip

33125

Country

Miami-Dade, U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Wilfredo Luis

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

2301 N.W. 7th St.

Suite B

City

Miami, FL

FL

Zip Code
33125

**DO NOT WRITE
IN THIS SPACE**

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

January 1st - May 1st Fee is \$150.00

After May 1st, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

*President
Wilfredo Luis
2301 N.W. 7th St. - Suite B
Miami, FL 33125*

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilfredo Luis

1/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)