2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 000 00090156

01-02

FILED
02 FEB 26 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
A & F MEDICAL EQUIPMENT SUPPLIES, INC.

Principal Place of Business	Mailing Address
1020 S.W. 2nd AVENUE SUITE #5 MIAMI FL 33130	1020 S.W. 2nd AVENUE SUITE #5 MIAMI FL 33130

2. Principal Place of Business	3. Mailing Address
330 EAST 9TH STREET	1051 W 29 STREET
Suite, Apt. #, etc.: 205	Suite, Apt. #, etc.: Suite # 2
City & State: HIALEAH, FL	City & State: HIALEAH, FL
Zip: 33010 Country: U.S.A.	Zip: 33012 Country: U.S.A.

4. FEI Number: 65-1043270 ☐ 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
SPIEGEL & UTRERA P.A. 343 ALMERIA AVENUE CORAL GABLES FL. 33134	Name: FRANCO, MANUEL R. Street Address (P.O. Box Number is Not Acceptable): 1051-2 WEST 29 STREET City: HIALEAH FL Zip Code: 33012

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: MANUEL R. FRANCO — 01-09-02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANCO, MANUEL R. 3522 W 20 ST. #202 HIALEAH, FL. 33018 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANCO, R. MANUEL 3031 SW 136 CT MIAMI FL. 33175 ☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 300005097263--4 -03/12/02--01058--004 ****558.75 ****558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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: MANUEL R. FRANCO — 01-09-02 — 305-889-6638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #