

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

05-05-2003 91787 036 ***150.00

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

DOCUMENT # P00000099481

1. Entity Name

Gutierrez Medical Equipment, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7235 Coral Way Ste # 209

Suite, Apt. #, etc.

Ste # 209

City & State

Miami, FL

Zip

33155

Country

Miami Dade, U.S.A.

3. Mailing Address

7235 Coral Way

Suite, Apt. #, etc.

Suite # 209

City & State

Miami, FL

Zip

33155

Country

Miami Dade, U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048987

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Juana Gutierrez

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

7235 Coral Way

Ste # 209

City

Miami

FL

Zip Code

33155

**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 re-stating)

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
Juana Gutierrez
7235 Coral Way - Ste # 209
Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/03

Daytime Phone #

CR2E034B (12/02)