

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102899

1. Entity Name

JOPEEN MEDICAL SYSTEM, INC.

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90216 017 ***158.00

Principal Place of Business

464 EAST 64 STREET
HIALEAH FL 33013

Mailing Address

464 EAST 64 STREET
HIALEAH FL 33013

3427 NW 101 STREET
MIAMI FL 33147

3427 NW 101 STREET
MIAMI FL 33147

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

65-1052995

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

~~BENITEZ, PEDRO L
464 EAST 64 STREET
HIALEAH FL 33013~~

Name

JOSE NARANJO

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

3427 NW 101 STREET

MIAMI FL 33147

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.

SIGNATURE

Jose Naranjo

Signature, typed or printed name of registered agent and fee 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.

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**\$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
~~PSD
BENITEZ, PEDRO
464 EAST 64 STREET
HIALEAH FL 33013~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President and Secretary
JOSE NARANJO
3427 NW 101 STREET
MIAMI FL 33147

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Jose Naranjo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-7-01

Daytime Phone #

305-691-3822

CR2E034 (10/00)