

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name
MJS INTERNATIONAL MEDICAL EQUIPMENT INC.
4199 S.W. 142 AVE.
MIAMI - FLA 33175
PO0000111765.



FILED

03 AUG -7 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12260 S.W. 8th
Suite, Apt. #, etc.
#120

City & State
MIAMI - FLA

3. Mailing Address

4199 S.W. 142 AVE
Suite, Apt. #, etc.
MIAMI - FLA

City & State

4. FEI Number

65-1061803

Applied For

Not Applicable

Zip
33184

Country
USA

Zip
33175

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIRTHA DARDOMPRAY

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

4199 S.W. 142 AVE

MIAMI

City

FL

Zip Code

33175

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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 1 - May 1 Fee is \$150.00

After May 1, 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
MIRTHA DARDOMPRAY
4199 S.W. 142 AVE
MIAMI - FLA 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SERGE DARDOMPRAY
4199 S.W. 142 AVE.
MIAMI - FLA 33175
VICE - PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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: Dardompray MIRTHA DARDOMPRAY

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/03

Date

(305) 220-3532

Daytime Phone #

CR2E034B (12/02)