

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

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90037 045 ***158.75

DOCUMENT # *PD1000014235*

1. Entity Name

GEM MEDICAL PURCHASING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1331 SW. 85 CT.

Suite, Apt. #, etc.

3. Mailing Address

1331 SW. 85

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

65-1134497

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Martinez, Eduardo

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

1331 SW. 85 CT.

City

MIAMI

FL

Zip Code

33144

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

April 29/2002
(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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*S.V.D.
MARTINEZ, EDUARDO I.
1331 SW. 85 CT.
MIAMI, Florida 33144*

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*P.D.
MARTINEZ, GEORGE ALSO
1331 SW. 85 CT.
MIAMI, Florida 33144*

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

CR2E034B (12/01)