FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05-21-2002 90886 032 ***150.00

FILED

02 JUL 19 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026904

1. Entity Name
JC MedEquip + Supplies INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2821 N.W. 7th ST	10850 S.W. 173 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33125 Country: USA	Zip: 33157 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1087210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JUANA C MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 10850 S.W. 173 ST

City: Miami FL Zip Code: 33157

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: Juana C Martinez JUANA C MARTINEZ 7/3/02
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) ☐

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	P,D
NAME	JUANA C MARTINEZ
STREET ADDRESS	10850 S.W. 173 ST
CITY-ST-ZIP	Miami FL 33157
TITLE	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 like empowered.

SIGNATURE: Juana C Martinez JUANA C. MARTINEZ 4/29/02 (305) 643-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JM 7/19/02