

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 039 ***158.75

DOCUMENT # P010000 27332

1. Entity Name

VGU MEDICAL EQUIPMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9745 SW 72ND STREET

Suite, Apt. #, etc.

206

City & State

MIAMI FLORIDA

Zip

33173

Country

USA

3. Mailing Address

9745 SW 72ND STREET

Suite, Apt. #, etc.

206

City & State

MIAMI, FLORIDA

Zip

33173

Country

USA

4. FEI Number

651084616

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

YAQUELIN RODRIGUEZ

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

9745 SW 72ND STREET

SUITE 206

City

MIAMI

FL

Zip Code

33173

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/T
GABRIELA VAILE
9745 SW 72ND STREET SUITE 206
MIAMI, FLORIDA 33173

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/S/D
YAQUELIN RODRIGUEZ
9745 SW 72ND STREET SUITE 206
MIAMI, FLORIDA 33173

TITLE
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)