

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

02-11-2002 90055 007 ***150.00

DOCUMENT # P01000040158

1. Entity Name
 GEM MEDICAL, INC.

Principal Place of Business
 7866 WEST 34 LANE, UNIT 201
 HIALEAH FL 33018

Mailing Address
 7866 WEST 34 LANE, UNIT 201
 HIALEAH FL 33018

39884



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9028 NW 154 ST
 Suite, Apt. #, etc.

3. Mailing Address

8028 N.W. 154 ST
 Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEI Number

65-1115993

Applied For

Not Applicable

Zip

Country

33016 Dgde

Zip

Country

33016 Dgde

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, CELIA
 7866 WEST 34 LANE, UNIT 201
 HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

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

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ALFONSO, CELIA
STREET ADDRESS 7866 WEST 34 LANE, UNIT 201
CITY-ST-ZIP HIALEAH FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MENDOZA, RAFAEL
STREET ADDRESS 6785 SW 40ST
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000040158**

1. Entity Name

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Mailing Address

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

City & State

MIAMI LAKES, FL

Zip

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Country

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Not Applicable

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HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when re-registering)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALFONSO, CELIA	
STREET ADDRESS	7866 WEST 34 LANE, UNIT 201	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDOZA, RAFAEL	
STREET ADDRESS	6785 SW 40ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

39884
Attachment

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

1/22/02 (305) 820-5001



Attachment

39884

July 22, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Subject: GEM Medical, Inc.
Document #P01000040158

Please be advice that I received a letter from your office dated February 14, 2002. I did the necessary corrections and mail it back on February 22, 2002.

Enclosed, please find the application with the corrections again, please make the appropriate changes in your records so that I don't keep getting the same form again, it can be a little bit confusing.

Sincerely,

Celia Alfonso,