

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

FILED
Sep 16, 2002 8:00 am
Secretary of State

08-13-2002 90224 039 ***550.00

DOCUMENT # **P01000041745**

1. Entity Name

UNIVERSAL Medical Equipment & Supplies Inc.

DO NOT WRITE IN THIS SPACE

OLD ADD.

NEW ADD.

2. Principal Place of Business

1840 W 49 Street

3. Mailing Address

11890 SW 8th Street

Suite, Apt. #, etc.

220-09

Suite, Apt. #, etc.

507

City & State

Hialeah, Fla

City & State

MIAMI FL

Zip

33012

Country

USA

Zip

33184

Country

USA

4. FEI Number

65-1100652

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Yoandry Garcia

Street Address, P.O. Box Number is Not Accepted

11890 SW 8th Street

City

MIAMI

FL

Zip Code

33184

**DO NOT WRITE
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.

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	P.D.
NAME	Elizabeth Riano
STREET ADDRESS	1840 W. 49 Street
CITY - ST - ZIP	Hialeah, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Pres. / Dir.
NAME	Yoandry Garcia
STREET ADDRESS	11890 SW 8th Street, Ste 507
CITY - ST - ZIP	MIAMI FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yoandry Garcia, Pres.

8/7/02

Date

Daytime Phone #

305 485 5584