

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90160 036 \*\*\*150.00

**DOCUMENT #** P01000055997

1. Entity Name

**RALEX MEDICAL EQUIPMENT, INC.**

Principal Place of Business

Mailing Address

1155 NE 137TH ST.  
 SUITE 117  
 N. MIAMI FL 33161

1155 NE 137TH ST.  
 SUITE 117  
 N. MIAMI FL 33161

2. Principal Place of Business  
 16300 NE 19 AVE.

3. Mailing Address  
 16300 NE 19 AVE.

Suite, Apt. #, etc.  
 106

Suite, Apt. #, etc.  
 106

City & State  
 N. MIAMI BCH. FL

City & State  
 N. MIAMI BCH. FL

4. FEI Number  
 65-1111611

Applied For  
 Not Applicable

Zip  
 33162

Country  
 USA

Zip  
 33162

Country  
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, FRANCISCO  
 1155 NE 137TH ST.  
 SUITE 117  
 N. MIAMI FL 33161

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

04-25-02

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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  
 NAME PD  
 STREET ADDRESS LOPEZ, FRANCISCO  
 CITY-ST-ZIP 1155 NE 137TH ST. SUITE 117  
 N. MIAMI FL 33161 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 16300 NE 19TH AVE. ☒ Change ☐ Addition  
 CITY-ST-ZIP SUITE # 106  
 N. MIAMI BCH. FL 33162

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

*Francisco Lopez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR

04-25-02

Date

(305) 947-9600

Daytime Phone #

CR2E034 (9/01)