

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90097 010 ***150.00

DOCUMENT # P01000057644

1. Entity Name

KENDALL MEDICAL EQUIPMENT & SUPPLY INC.



Principal Place of Business

**12471 S.W. 130TH STREET #7
MIAMI FL 33186**

Mailing Address

**12471 S.W. 130TH STREET #7
MIAMI FL 33186**

2. Principal Place of Business

9270 HAMMOCKS BLV.

Suite, Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33196

Country

3. Mailing Address

9270 HAMMOCKS BLV.

Suite, Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33196

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-112435

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, YANER

12471 S.W. 130TH STREET #7

MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

FIGUEROA, YANER

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

9270 HAMMOCKS BLV.

301

City

MIAMI

FL

Zip Code

33196

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD FIGUEROA, YANER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12471 S.W. 130TH STREET #7	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD FIGUEROA, YANER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9270 HAMMOCKS BLV. STE. 301	
CITY-ST-ZIP	MIAMI, FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Daytime Phone #

1/13/03 305-385-0690

CR2E034 (10/02)