

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90069 019 ***150.00

DOCUMENT # P01000061901

1. Entity Name
CENA MEDICAL EQUIPMENTS, INC.



Principal Place of Business
2353 ALIBABA AVENUE
OPA LOCKA FL 33054

Mailing Address
2353 ALIBABA AVENUE
OPA LOCKA FL 33054

00011701



2. Principal Place of Business

2353 Alibaba Ave

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Opalocka fl.

City & State

4. FEI Number

65-1116030

Applied For

Not Applicable

Zip

33054

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ANET V
3381 SW 179TH AVENUE
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name Anet V Ortiz

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

2353 Alibaba Ave

City Opalocka

FL

Zip Code 33029

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 *Anet V Ortiz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ORTIZ, ANET
STREET ADDRESS 3381 SW 179 PLACE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☒ Change ☐ Addition
NAME Ortiz, Anet
STREET ADDRESS 2353 Alibaba Ave.
CITY-ST-ZIP Opalocka, Fl. 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Anet V Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03 (805) 687-4223
Date Daytime Phone #

CR2E034 (10/02)