

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90214 033 ***150.00

DOCUMENT # P01000078323

1. Entity Name
JABIEL MEDICAL SERVICES, INC.

Principal Place of Business
1455 NW 14TH STREET
MIAMI FL 33125

Mailing Address
1455 NW 14TH STREET
MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6595 NW 36th ST
 Suite, Apt. #, etc.
STE. 315
 City & State
Miami, FL
 Zip
33166 Country
USA

3. Mailing Address
6595 NW 36th ST
 Suite, Apt. #, etc.
STE. 315
 City & State
Miami, FL
 Zip
33166 Country
USA

4. FEI Number
65-1129394

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
METSCH, BENJAMIN R
1455 NW 14TH STREET
MIAMI FL 33125

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PYST	BERDIAL, PEDRO 1455 NW 14TH STREET MIAMI FL 33125			
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	D	BERDIAL, PEDRO 1455 NW 14TH STREET MIAMI FL 33125			
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (305) 871-2300
 Date Daytime Phone #

CR2E034 (9/01)