

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90115 040 ***150.00



DOCUMENT # P01000108260
1. Entity Name
ZURE MEDICAL EQUIPMENT INC

Principal Place of Business
**6555 NW 36 ST
#111
MIAMI FL 33166**

Mailing Address
**6555 NW 36 ST
#111
MIAMI FL 33166**



2. Principal Place of Business
**9380 SW 72 ST
Suite, Apt. #, etc.
B-212
MIAMI, FLORIDA
33173**

3. Mailing Address
**9380 SW 72 ST
Suite, Apt. #, etc.
B-212
MIAMI, FLORIDA
33173**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1153304** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**SOTO, RAMON O
330 FLAGAMI BLVD.
MIAMI FL 33144**

7. Name and Address of New Registered Agent
Name **SOTO, RAMON O**
Street Address (P.O. Box Number is Not Acceptable)
**9380 SW 72 ST
B-212**
City **MIAMI** FL Zip Code **33173**

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]* **Soto, Ramon** P.D. **2/7/03** DATE

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

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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/>
NAME	SOTO, RAMON O	
STREET ADDRESS	330 FLAGAMI BLVD.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	SOTO, RAMON O		
STREET ADDRESS	9380 SW 72 ST STE. B-212		
CITY-ST-ZIP	MIAMI, FL 33173		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
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]* **Soto, Ramon** P.D. **2/7/03** **305 441 7912.** DATE DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)