

5/27/

FILED

Jul 23, 2002 8:00 am  
Secretary of State

05-27-2002 90496 046 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116221

1. Entity Name

U.S.A. MEDICAL EQUIPMENT GROUP INC.

Principal Place of Business

Mailing Address

310 W. 36 STREET 5540-68 LN. 310 W. 36 STREET 5540 68 LN. ART. C.  
 HIALEAH FL 33012 ART. C HIALEAH FL 33012 ST. PETERSBURG, FL 33709  
 ST. PETERSBURG, FL 33709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

60-0000671

Applied For

Not Applicable

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

PRIETO, MARIA

310 W. 36 STREET 5540 68 LN, ART. C.  
 HIALEAH FL 33012 ST. PETERSBURG, FL 33709

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

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 PD  
 NAME PRIETO, ERNESTO  
 STREET ADDRESS 310 W. 36 STREET 5540 68 LN - ART. C.  
 CITY-ST-ZIP HIALEAH FL 33012 ST. PETERSBURG, FL 33709

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

TITLE VD  
 NAME ALVAREZ, IRAIMA  
 STREET ADDRESS 18627 NW 45TH AVE  
 CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE STD  
 NAME PRIETO, MARIA  
 STREET ADDRESS 310 W. 36 STREET 5540 68 LN - ART. C.  
 CITY-ST-ZIP HIALEAH FL 33012 ST. PETERSBURG, FL 33709 ☐ 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  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/30/02 223-3187

CR2E034 (9/01)