

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**  
 03-12-2002 91000 015 \*\*\*150.00

0005272 AT

DOCUMENT # P01000121390

1. Entity Name

M &amp; L MEDICAL EQUIPMENT, INC.

Principal Place of Business

7965 W. 30TH COURT

APT. 102

HIALEAH FL 33018

Mailing Address

7965 W. 30TH COURT

APT. 102

HIALEAH FL 33018

2. Principal Place of Business

2216 W 80 ST

Suite, Apt. #, etc.

6

3. Mailing Address

2216 W 80 ST

Suite, Apt. #, etc.

6

City &amp; State

Hialeah FL

Zip

33016

Country

USA

City &amp; State

Hialeah FL

Zip

33016

Country

USA

4. FEI Number

010584073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LEDIA

7965 W. 30TH COURT

APT. 102

HIALEAH FL 33018

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

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

TITLE PD  
 NAME GARCIA, LEDIA  
 STREET ADDRESS 7965 W. 30TH COURT APT. 102  
 CITY-ST-ZIP HIALEAH FL 33018

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEDIA GARCIA

Date

Daytime Phone #

CR2E034 (9/01)