

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90133 026 ***150.00

DOCUMENT # P02000002300

1. Entity Name **R. O. Medical Services Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9600 SW 8 ST

Suite, Apt. #, etc.

43

City & State

Miami, FL

Zip

33174

Country

USA

3. Mailing Address

9600 SW 8 ST

Suite, Apt. #, etc.

43

City & State

Miami, FL

Zip

33174

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0007297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Raul Hatem Jr.**

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

9600 SW 8 ST Suite 43

City

Miami

FL

Zip Code

33174

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

Raul Hatem Jr.

R. Hatem

5/12/03

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)

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

1/5/03
Raul Hatem Jr.
9600 SW 8 ST #43
Miami, FL 33174

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Hatem

5/12/03

Date

305-480-2571

Daytime Phone

Attachment
90134225

May 12th, 2003

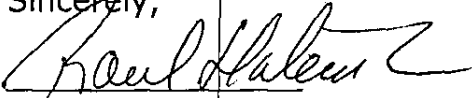
R.O. Medical Services, Inc.
9600 SW 8 St Suite 43
Miami, FL 33174

Division of Corporations
Att: Uniform Business Report Filings
PO BOX 1500
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of R.O. Medical Services, Inc. Document #P02000002300. This payment is for the 2003 Uniform Business Report. The reason in which I did not pay this fee on time is because I did not receive the Uniform Business Report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,



Raul Hatem Jr.
President