

\$150.00

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

DOCUMENT # P02000008376
1. Entity Name
ROSMAR MEDICAL EQUIPMENT INC.



FILED

03 OCT 20 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4711 NW 79 AVE. Suite, Apt. #, etc. # 5E City & State MIAMI, FL Zip 33166	3. Mailing Address 4711 NW 79 AVE. Suite, Apt. #, etc. # 5E City & State MIAMI, FL Zip 33166
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REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Q3

MRS

4. FEI Number 01-0602226
Applied For Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RAQUEL MA LEYVA
Street Address (P.O. Box Number is Not Acceptable)
4711 NW 79 AVE. #5E
City MIAMI FL Zip Code 33166

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	(P/D) RAQUEL MA LEYVA 4711 NW 79 AVE. #5E MIAMI, FL 33166
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2003AB (12/02)

ROSMAR MEDICAL EQUIPMENT INC.

TO WHOM IT MAY CONCERN:
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY



RAQUEL MALEYVA
PRESIDENT