

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-13-2003 90419 036 ***150.00

DOCUMENT # P02000012155

1. Entity Name
A D A MEDICAL & ORTHOPEDIC EQUIPMENT, INC.



Principal Place of Business
**1022 SW 123TH PLACE
MIAMI FL 33184**

Mailing Address
**1022 SW 123TH PLACE
MIAMI FL 33184**

00000100



2. Principal Place of Business

1333 CORAL WAY

3. Mailing Address

1333 CORAL WAY

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

10

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

45-0465185

Applied For

Not Applicable

Zip

33145

Country

DADE

Zip

33145

Country

DADE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NARANJO, JAVIER
1022 SW 123TH PLACE
MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name

JAVIER NARANJO

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

1333 CORAL WAY

City

MIAMI

FL

Zip Code

33145

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
NARANJO, JAVIER
1022 SW 123TH PLACE
MIAMI FL 33184**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
NARANJO JAVIER
1333 CORAL WAY
MIAMI FL 33145**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03

Date

Daytime Phone #

CR2E034 (10/02)