

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90211 027 ***158.75

DOCUMENT # P02000019575

1. Entity Name
UNITED MEDICAL INDUSTRIES, CORP.



Principal Place of Business
3491 N.W. 19 STREET
LAUDERDALE LAKES FL 33311

Mailing Address
3491 N.W. 19 STREET
LAUDERDALE LAKES FL 33311

2. Principal Place of Business
6157 NW 167 St.

3. Mailing Address
P.O. Box 278883

Suite, Apt. #, etc.
Unit F11

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miramar FL

Zip 33015 Country USA

Zip 33027 Country USA

4. FEI Number 32-0002355

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

YERO, JUAN A
1756 WEST 65 STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **ELIAD BONILLA**
Street Address (P.O. Box Number is Not Acceptable)
4801 S UNIVERSITY DR. #263
City **DAVIE** FL Zip Code **33328**

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	P	<input type="checkbox"/> Delete
NAME	YERO, JOSE A	
STREET ADDRESS	3491 N.W. 19 STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE-PRES / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEFINA HERRERA	
STREET ADDRESS	6157 NW 167 STREET	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	TREASURER / VICE-PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE CAMPOS	
STREET ADDRESS	6157 NW 167 STREET	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE A. YERO	
STREET ADDRESS	6157 NW 167 ST.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MARLENE CAMPOS Date: 2/12/03 Daytime Phone #: 786-586-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP20034 (10/02)