

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

DOCUMENT # P02000019575

1. Entity Name
UNITED MEDICAL INDUSTRIES, CORP.



03 OCT 27 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6157 NW 167 ST
HIALEAH, FL 33015

Mailing Address
PO BOX 278883
HOLLYWOOD, FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0002355

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONILLA, ELEGIO
4801 S UNIVERSITY DR #263
DAVIE, FL 33228

7. Name and Address of New Registered Agent

Name **JOSE A. YERO**

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

3460 SW 169 way

City **miramar**

FL

Zip Code **33027**

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

JOSE A. YERO

(NOTE: Registered Agent's signature required when reinstating)

200024103202

10/27/03--01022--004 **\$1.25

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$81.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P YERO, JOSE A 6157 NW 167 ST HIALEAH, FL 33015	
VPS HERRERA, JOSEFINA 6157 NW 167 ST HIALEAH, FL 33015	<input checked="" type="checkbox"/> Delete
TCP CAMPOS, MARLENE 6157 NW 167 ST HIALEAH, FL 33015	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marlene Campos, Marlene Campos, vp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

DATE

305-558-3432

DAYTIME PHONE #

CR2EC034 (10/02)

7/ 10/25