

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90175 034 ***150.00

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

DOCUMENT # P02000043354

1. Entity Name
I & Z MEDICAL SERVICES, CORP.



Principal Place of Business
3191 CORAL WAY
STE 605
MIAMI, FL 33145

Mailing Address
3191 CORAL WAY
STE 605
MIAMI, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
03 - 0431003

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIU, RANDOL
9804 SW 169TH PATH
MIAMI, FL 33010

Name **FREDDY HERRERA**

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

134 EAST 9TH STREET

City **HAIALEAH**

FL

Zip Code
33010

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

4-30-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME CHIU, RANDOL
STREET ADDRESS 9804 SW 169TH PATH
CITY-ST-ZIP MIAMI, FL 33172

TITLE P.D. ☐ Change ☒ Addition
NAME FREDDY HERRERA
STREET ADDRESS 134 EAST 9TH STREET
CITY-ST-ZIP HAIALEAH FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FREDDY HERRERA, Pres. 4-30-03

CR2E034 (10/02)