FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2004
Secretary of S

DOCUMENT # P02000053236

1. Entity Name
Universal Medical Equipment Group, Inc

DO NOT WRITE IN THIS SPACE

100037626541
06/03/04--01038--001 **150.00

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2. Principal Place of Business	3. Mailing Address
1800 w 49th St	1800 w 49th St
Suite, Apt. #, etc. Ste 324C	Suite, Apt. #, etc. Ste 324C
City & State Hialeah, Fl	City & State Hialeah, Fl
Zip 33012 Country USA	Zip 33012 Country USA

4. FEI Number 33-1006346 ☐ Applied For ☐ Not Applicab

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

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7. Name and Address of Current Registered Agent

Name Gustavo Hernandez

Street Address (P.O. Box Number is Not Acceptable) 1800 w 49th Street Ste 324C

City Hialeah FL Zip Code 33012

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.

SIGNATURE X
Signature required of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gustavo Hernandez, PS, T.V. 1800 w 49 Street, 324C Hialeah, Fl 33012
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #