

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-12-2003 90061 030 ***150.00

DOCUMENT # P02000053236

1. Entity Name
UNIVERSAL MEDICAL EQUIPMENT GROUP, INC.



Principal Place of Business
**2748 WEST 54TH STREET
HIALEAH FL 33016**

Mailing Address
**2748 WEST 54TH STREET
HIALEAH FL 33016**

90023321



2. Principal Place of Business

1800 W 49 ST

Suite, Apt. #, etc.

Suite # 324-C

City & State

Hialeah Florida

Zip
33012

Country

Miami Dade

3. Mailing Address

1800 W 49 ST

Suite, Apt. #, etc.

Suite # 324-C

City & State

Hialeah Florida

Zip
33012

Country

Miami Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1006376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PADRON, ROBERTO
2748 WEST 54TH STREET
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name
Universal Medical Equipment Group
Street Address (P.O. Box Number is Not Acceptable)
1800 W 49 ST Suite 324 C
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. 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
PADRON, ROBERTO
2748 WEST 54TH STREET
HIALEAH FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

CR2E034 (10/02)