

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/23

FILED
May 30, 2003 8:00 am
Secretary of State

04-23-2003 90280 029 ***150.00

DOCUMENT # P02000055462

1. Entity Name

APPLIANCE MEDIC, CORP.



Principal Place of Business
**8742 NW 167TH STREET
MIAMI LAKES FL 33018**

Mailing Address
**8742 NW 167TH STREET
MIAMI LAKES FL 33018**

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

☒ 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

**DIAZ, PEDRO JR.
8742 NW 167TH STREET
MIAMI LAKES FL 33018**

Name

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

City

FL

Zip Code

I, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Pedro Diaz Jr.**
STREET ADDRESS **8742 NW 167 St.**
CITY-STATE-ZIP **Miami Lakes, FL 33018**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

55044800
#P02000055462

May 26, 2003

Subject: ~~Appliance~~ ~~Medic~~ Corp.

Reference #: P02000055462

Please be advised that the corrections needed to the officer/director section of the annual report/uniform business report have been made.

If there are any additional questions, please contact me at the following address.

Pedro Diaz Jr.

8742 NW 167 St.

Miami Lakes, FL

33018

