

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-12-2003 90068 026 \*\*\*150.00

**DOCUMENT # P02000064491**

**1. Entity Name**  
**MUNOZ ORTHOPEDIC SUPPLIES, INC.**



**Principal Place of Business**  
**8600 N.W. SOUTH RIVER DR., SUITE 228**  
**MEDLEY FL 33166**

**Mailing Address**  
**8600 N.W. SOUTH RIVER DR., SUITE 228**  
**MEDLEY FL 33166**

**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**

43-1964594

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MUNOZ, ENRIQUE**  
**156 NW 27TH AVE**  
**MIAMI FL 33135**

**7. Name and Address of New Registered Agent**

Name  
Munoz Enrique

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

4550 W 76th #402

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** PD ☐ Delete  
**NAME** MUNOZ, ENRIQUE  
**STREET ADDRESS** 8600 N.W. SOUTH RIVER DR., SUITE 228  
**CITY-ST-ZIP** MEDLEY FL 33166

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**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:**

Enrique Munoz

Date

Daytime Phone #

CR2E034 (10/02)