[redacted] Page 1 of 2

03-17-2003 90462 033 ***150.00
P02000064886

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000064886

1. Entity Name
HABER'S MEDICAL SUPPLIES AND EQUIPMENT INC.

FILED
03 NOV 14 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13255 SW 137 AVE #~~105~~ # 110 MIAMI, FL 33186	13255 SW 137 AVE #~~105~~ # 110 MIAMI, FL 33186

☐ CHECK HERE IF MAKING CHANGES

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 65-3065750 ☐ 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
HABER, FIDEL E ~~16611 SW 440 AVE~~ ~~MIAMI, FL 33177~~	Name: Guillermo Diaz Street Address (P.O. Box Number is Not Acceptable): 12035 SW 14 ST # 104 City: MIAMI FL Zip Code: 33184

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 _____ 11-10-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HABER, FIDEL E 13255 SW 137 AVE #~~105~~ # 110 MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DP STATEMENT 8
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 03-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MASTER ACCOUNTANTS, PA
ACCOUNTANTS & AUDITORS

12035 SW 14 ST. #104
MIAMI, FL 33184
PHONE: (786) 683-4521
FAX: (305) 229-1356

E-MAIL: MASTERTAXEXPA@AOL.COM

November 10, 2003

SECRETARY OF STATE
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATT: MS. BARBARA MITCHELL, DOC. SPECIALIST

REF: UBR YEAR 2003
HABER'S MEDICAL SUPPLIES AND EQUIPMENT, INC.
DOC.#P02000064886
FEI #75-3065750

DEAR MADAM,

OUR CORPORATION NEVER RECEIVED A LETTER FROM THE DEPARTMENT OF STATE

REQUESTING CORRECTIONS TO THE UBR FOR THE YEAR 2003.

ATTACHED THE UBR YEAR 2003 CORRECTED.

WE REALLY APPRECIATE YOUR ATTENTION.

SINCERELY,

GUILLERMO DIAZ, CP
SENIOR ACCOUNTANT