

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000066924

1. Entity Name  
JADI MEDICAL EQUIPMENT INC.



FILED  
CLERK OF STATE  
DIVISION OF CORPORATION

03 FEB 17 AM 10:53

Principal Place of Business  
2900 W. 12TH AVENUE  
STE 15  
HIALEAH FL 33012

Mailing Address  
2900 W. 12TH AVENUE  
STE 15  
HIALEAH FL 33012

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

75-3067426

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JANET  
2900 W. 12TH AVENUE  
STE 15  
HIALEAH FL 33012

Name

MIREYA SOTO

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

2900 W 12 Avenue

Suite 15

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.

Mireya Soto (PRES)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

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 PD  
NAME GONZALEZ, JANET  
STREET ADDRESS 2900 W. 12TH AVENUE STE 15  
CITY-ST-ZIP HIALEAH FL 33012

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE PD  
NAME MIREYA SOTO  
STREET ADDRESS 2900 W 12 Ave #15  
CITY-ST-ZIP Hialeah FL 33012

☒ Change ☐ Addition

TITLE  
NAME  
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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:

MIREYA SOTO (PRES)

Date

Daytime Phone #

2/13/03 305-805-0991

CR2E034 (10/02)