

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

9/4  
9/4

09-04-2003 90121 001 \*\*\*\*\*8.75  
09-04-2003 90121 002 \*\*\*550.00

**DOCUMENT # P02000069195**

1. Entity Name  
**S. AND T. MEDICAL EQUIPMENT CORP.**



Principal Place of Business  
**9745 S.W. 72 ST. STE 118  
MIAMI FL 33173**

Mailing Address  
**9745 S.W. 72 ST. STE 118  
MIAMI FL 33173**

2. Principal Place of Business  
**9745 SW 72 st**

3. Mailing Address  
**9745 SW 72 st 118 F.**

Suite, Apt. #, etc.  
**118 F.**

Suite, Apt. #, etc.  
**118 F.**

City & State  
**Miami FLA**

City & State  
**M. FLA**

Zip  
**33173**

Country

Zip  
**33173**

Country

4. File Number  
**33-1010582**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**OCHOA, ANTONIO I  
3801 SW 112 AVE #18  
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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]** DATE **9/2/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$650.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 OCHOA, ANTONIO I 3801 SW 112 AVE #18 MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]** Date **09/16/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)