


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90407 045 \*\*\*150.00

**DOCUMENT #** P02000075502

**1. Entity Name**  
MAGIC MEDICAL EQUIPMENT INC.



**Principal Place of Business**  
6955 NW 77 AVE STE 301  
MIAMI FL 33166

**Mailing Address**  
6955 NW 77 AVE STE 301  
MIAMI FL 33166



**2. Principal Place of Business**  
6955 NW 77 AVE  
Suite, Apt. #, etc. 301  
City & State MIAMI FL  
Zip 33166 Country Dade

**3. Mailing Address**  
6955 NW 77 AVE  
Suite, Apt. #, etc. 301  
City & State MIAMI FL  
Zip 33166 Country Dade

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 13-4205467  
☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
GOMILA, ENRIQUE A  
545 W 12 ST #8-B  
HIALEAH FL 33010

**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 Enrique A. Gomila DATE 1-9-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOMILA, ENRIQUE A 545 W 12 ST #8-B HIALEAH FL 33010	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 A. Gomila **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 1-9-03 Daytime Phone # (305) 883-8117

CR2E034 (10/02)