

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000075502**

1. Entity Name
MAGIC MEDICAL EQUIPMENT INC.



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

01-13-2003 90407 045 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

MIAMI FL

Zip

33166

Country

Dade

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-03

**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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMILA, ENRIQUE A		NAME	
STREET ADDRESS	545 W 12 ST #8-B		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 A. Gomila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 (305) 883-8117

Date

Daytime Phone #

CR2E034 (10/02)