

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90160 006 ***150.00

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

DOCUMENT # P0200080799

1. Entity Name
M & V MEDICAL EQUIPMENT CORP.



Principal Place of Business
 3600 S SR 7 STE 207
 MIRAMAR, FL 33063

Mailing Address
 3600 S SR 7 STE 207
 MIRAMAR, FL 33063

JUL10743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

352175661

Not Applicable

Zip

Country

Zip

Country

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

MARTINEZ, ENA
 3600 S SR 7 STE 207
 MIRAMAR, FL 33063

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Amended UBR is \$81.25
 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

TITLE Delete
 NAME **DP**
 STREET ADDRESS **MARTINEZ, ENA**
 CITY-ST-ZIP **3600 S SR 7 STE 207**
MIRAMAR, FL 33063

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

8/13/03

Date

(954) 963-4848

Daytime Phone #

CR2E034 (10/02)

Attachment

90150745

M & V MEDICAL EQUIPMENT CORP.
3600 S. STATE ROAD 7
SUITE # 207
MIIRAMAR, FLORIDA 33063
954/963-4848

Division of Corporations
Uniform Business Report
P. O. Box 1500
Tallahassee, FL 32302-1500

August-13, 2002

RE: # P02000080799
RENEWAL OF ANNUAL REPORT

To whom it may concern:

Please be advised that I opened my corporation in July of 2002.

I was not aware that I had to renew my corporation nor did I receive any information to do so by the State.

I was just advised by my accountant that I needed to renew the corporation. I am herewith enclosing payment of \$ 150.00 and do hope that it is accepted and my corporation is updated.

Thank you for your assistance in this matter.

Best regards,

Ena Martinez
President

