

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000099240**

1. Entity Name

J.B. MEDICAL SERVICES, INC.



APPROVED
AND
FILED

03 OCT -6 PM 4:24

Principal Place of Business

**1455 NW 14 STREET
MIAMI FL 33125**

Mailing Address

**1455 NW 14 STREET
MIAMI FL 33125**

2. Principal Place of Business

8180 NW 36TH ST

3. Mailing Address

8180 NW 36TH ST

Suite, Apt. #, etc.

STE 217

Suite, Apt. #, etc.

STE 217

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

11-3653889

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEJERANO, JOSE A

1455 NW 14 STREET

MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

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

10000 NW 80TH CT APT-2414

City

HIALEAH GARDENS

FL

Zip Code

33016

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

10-03-03

FILE NOW!!! FEE IS \$550.00

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

TITLE **PSTD** ☐ Delete
NAME **BEJERANO, JOSE A**
STREET ADDRESS **1455 NW 14 STREET**
CITY-ST-ZIP **MIAMI FL 33125**

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 **10000 NW 80TH CT APT 2414**
CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500023590115**
CITY-ST-ZIP **10/06/03--01075--002 **750.00**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-03-03

Date

Daytime Phone #

CR2E034 (4/03)

0036876 AV