

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

DOCUMENT # P02000106164

1. Entity Name

GX ORTHOPEDIC ENTERPRISE, INC.



05-05-2003 91797 010 ***150.00

Principal Place of Business

4445 West 16th Avenue
Hialeah Florida 33012

2. Principal Place of Business

3. Mailing Address

4445 West 16th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah Florida

4. FEI Number

05-0533264

Applied For

Not Applicable

Zip

Country

Zip

33012

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHWARTZER, MARIA
1455 N.W. 14 Street
Miami Florida 33125

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

I, 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 \$180.00
After May 3, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
SCHWARTZER, MARIA
1455 N.W. 14 St
Miami FL 33125

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ 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]

4/30/03 (305) 360-9139

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #