FILED
Sep 12, 2003 8:00 am
Secretary of State

08-25-2003 90095 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/2

DOCUMENT # P02000106176

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[redacted]

1. Entity Name
UNITED FLEXIBLE JOINTS, INC.

Principal Place of Business	Mailing Address
9892 N.W. 6TH PLACE PLANTATION FL 33324	9892 N.W. 6TH PLACE PLANTATION FL 33324

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
3100 N PALM AIRE DRIVE		3100 N PALM AIRE DRIVE	
Suite, Apt. #, etc.: 404		Suite, Apt. #, etc.: 404.	
City & State: POMPANO BEACH. FLA		City & State: POMPANO BCH FLA	
Zip: 33069.	Country: BROWARD.	Zip: 33069	Country: BROWARD

4. FEI Number 68-0525109 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIESCHACON, JAIME A
9892 N.W. 6TH PLACE
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: PIESCHACON JAIME A.
Street Address (P.O. Box Number is Not Acceptable): 3100 N PALM AIRE DRIVE 404.
City: POMPANO BEACH. FL Zip Code: 33069.

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: PIESCHACON JAIME A. [signature] 8/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAL, SERGIO S A 3100 N. PALM AIR DR APT. 404 POMPANO BEACH FL 33069-3852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIESCHACON, JAIME A 9200 W. ATLANTIC BLVD. APT. 1437 CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 [signature] 8/21/03 954-224-1841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #