FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90279 036 ***150.00

DOCUMENT # P03000128890

1. Entity Name
Health Options Medical Exporters, Inc

44026915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1840 W 49 St	Same
Suite/Apt. #, etc. Ste. 603-07	Suite, Apt. #, etc.
City & State Hialeah, Florida	City & State
Zip 33012 Country U.S.A.	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0409536 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mirtha F. Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 1490 W 41 St # 113
City: Hialeah FL Zip Code: 33012

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: Mirtha F. Gonzalez 4/6/04
Signature required of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mirtha F. Gonzalez 1490 W 41 St # 113 Hialeah FL. 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2ED34B (12/02)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Mirtha F. Gonzalez 4/6/04 (305) 401-9180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #