FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90094 035 ***150.00

DOCUMENT # P03000129032

1. Entity Name

M.E Medical Equipment, Corp

DO NOT WRITE IN THIS SPACE

44038398

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3750 West 16 Ave	3750 W. 16 Ave.
Suite, Apt. #, etc. 240 AV	Suite, Apt. #, etc. 240 AV
City & State Hialeah Fla	City & State Hialeah Fla.
Zip 33012 Country U.S.A.	Zip 33012 Country U.S.A.

4. FEI Number 56-2413555 ☐ 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: Estrella Luque

Street Address (P.O. Box Number is Not Acceptable): 3750 West 16 Ave. #240 AV

City: Hialeah, Fla. 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.

SIGNATURE: Estrella Luque 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Estrella Luque 112 East 12 St. Hialeah, Fla. 33010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Estrella Luque 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date