

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 06, 2005 8:00 am
Secretary of State

05-23-2005 90002 001 ***150.00

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05312005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000016509 1. Entity Name UNIVERSAL WHOLESALE & MEDICAL EQUIPMENT COMPANY			
Principal Place of Business 12350 SW 197 TER MIAMI, FL 33177		Mailing Address 12350 SW 197 TER MIAMI, FL 33177	
2. Principal Place of Business 515 SW 12 AVE Suite, Apt. #, etc. # 515 City & State MIAMI FL Zip 33130		3. Mailing Address 515 SW 12 AVE Suite, Apt. #, etc. # 515 City & State MIAMI FL Zip 33130	
4. FEI Number 20-0651970		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A 12350 SW 197 TER MIAMI, FL 33177		7. Name and Address of New Registered Agent Name JOSE A RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 515 SW 12 AVE # 515 City MIAMI FL Zip Code 33130	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 5/31/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPS RODRIGUEZ, JOSE A 12350 SW 197 TER MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RODRIGUEZ, JOSE A. 515 SW 12 AVE, # 515 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTAYA, RODOLFO 12350 SW 197 TER MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 5/31/05 DAYTIME PHONE # 305.325.8633	