

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P04000019382	
1. Entity Name Muralex Medical Equipment and Supplies, Inc	

07 JAN 10 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900084663119
01/17/07--01012--006 **450.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2200 SW, 16th St.		3. Mailing Address (Same)	
Suite, Apt. #, etc. Suite 122		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33145	Country Bade	Zip	Country

REINSTATEMENT

**DO NOT WRITE
IN THIS SPACE**

4. Fil Number 20-8181730	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Silveira, Romy	
Street Address (P.O. Box Number is Not Acceptable)	
15065 SW, 143 Terr.	
City Miami, FL	Zip Code 33176

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:  Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when substituting) DATE

Annual Fee: January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Silveira, Romy 15065 SW, 143 Terr. Miami, FL 33196
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in person; 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:  SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

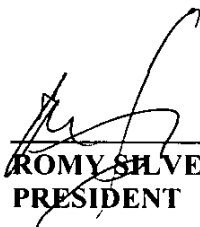
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ **450.00** for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **MURALEX MEDICAL EQUIPMENT AND SUPPLIES, INC.**

Thank you for your courtesy in this matter.



ROMY SILVEIRA
PRESIDENT