

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

3/2

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-26-2002 90009 036 ***150.00

DOCUMENT

1. Entity Name

MAYOR MEDICAL EQUIPMENT, INC.

P94000048052

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4735 PALM AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALIAH

City & State

4. FEI Number

65-0536235

Applied For

Not Applicable

Zip

FL

Country

33012

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

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

**PRESIDENT
Reinaldo Pedraza**

STREET ADDRESS
CITY-ST-ZIP

**4735 Palm Ave
Halifax FL 33012**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**REGISTERED AGENT
Reinaldo Pedraza**

STREET ADDRESS
CITY-ST-ZIP

**4735 Palm Ave
Halifax FL 33012**

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/02

Date

(305) 828-9984

Daytime Phone #

CR2E034B (12/01)