

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90146 016 \*\*\*150.00

0265234 AV

**DOCUMENT # P94000076103**

1. Entity Name  
**J & B MEDICAL EQUIPMENT, CORPORATION**



Principal Place of Business  
**6850 S.W. 24TH ST., STE. 303  
MIAMI FL 33155**

Mailing Address  
**6850 S.W. 24TH ST., STE. 303  
MIAMI FL 33155**

2. Principal Place of Business

**6850 SW 24 ST**

Suite, Apt. #, etc.

**303**

City & State

**Miami FL**

Zip

**33155**

Country

**U.S.A**

3. Mailing Address

**6850 SW 24 ST**

Suite, Apt. #, etc.

**303**

City & State

**Miami FL**

Zip

**33155**

Country

**U.S.A**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0531460**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, J. EVERETT  
2151 LE JEUNE ROAD  
MEZZENINE  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Iglesias, Xiomara**

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

**6850 Coral Way # 303**

City **Miami**

FL

Zip Code **33155**

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 **X Iglesias**

**4-23-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **IGLESIAS, XIOMARA**  
STREET ADDRESS **6850 CORAL WAY, STE. 303**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **X Iglesias**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

**(786) 457-3502**

Daytime Phone #

CR2E034 (10/02)