

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083235

1. Entity Name  
R. Q. MEDICAL EQUIPMENT, INC.

Principal Place of Business  
3899 NW 7th St., #203  
Miami FL 33126

Mailing Address  
3899 N.W 7th St., #203  
Miami FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

FILED  
02 NOV 18 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0540498 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RAFAEL GONZALEZ  
3899 N.W 7th St., Suite #203  
Miami FL 33126

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2002 Fee will be \$550.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete RAFAEL GONZALEZ 3899 NW 7th St., Suite #203 Miami FL 33126	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 RAFAEL GONZALEZ 3899 NW 7th St., Suite #203 Miami FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900009052589 11/18/02--01084--007 **150.00
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
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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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafael Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

Division of Corporations  
Tallahassee, FL 32302

REF:R. Q. MEDICAL EQUIPMENT, INC.  
ANNUAL BUSINESS REPORT P94000083235

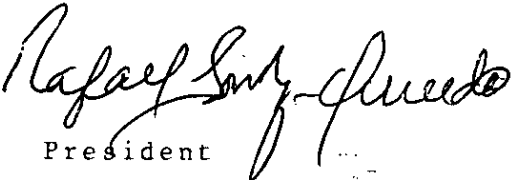
To Whom It May Concern:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late.

In the future we will send the report on time.

Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980.

Sincerely,

  
President