

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

DOCUMENT # 9500009372369 AMENDED

1. Entity Name JCG Medical Suppliers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Florida

3. Mailing Address
520 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 0-305

City & State

City & State
Miami, FL 33131

4. FEI Number
650584384

Applied For
Not Applicable

Zip

COUNTRY

Zip

COUNTRY

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Stephen A. Freeman

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

520 Brickell Key Drive

Suite 0-305

City

Miami,

FL

Zip Code
33131

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

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
STREET ADDRESS
CITY-ST-ZIP
**Director (OLD) and President
Jose Carlos Guimaraes
290 E. Riverbend Drive
Sunrise, FL 33326** **DELETE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary (OLD)
Ayenda B. Guimaraes
290 E. Riverbend Drive
Sunrise, FL 33326** **DELETE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director (NEW) and President
Claudio Oiticica
520 Brickell Key Drive, Suite 0-305
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary (NEW)
Stephen A. Freeman
520 Brickell Key Drive, Suite 0-305
Miami, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 on an attachment with an address, with all other like employees.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Stephen A. Freeman

Date

Daytime Phone

11/14/2002 305-374-3200

CR2E034B (12/01)

FILED

02 NOV 18 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

VALIDATION ONLY

Freeman Butterman
Requestor's Name
560 Brickell Key Dr.
Address
Miami, FL 33131
City State ZIP Phone

CORPORATION(S) NAME

JCG Medical Suppliers
INC.

- | | | |
|--|--|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☒ Other UBR |
| ☐ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ Call If Problem |
| ☐ Call When Ready | ☐ Call If Problem | ☐ After 4:30 |
| ☒ Walk In | ☐ Will Wait | ☒ Pick Up |
| ☐ Will Wait | ☐ Pick Up | ☐ Mail Out |



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier