

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000033079**
 1. Entity Name **JEMCO MEDICAL INTERNATIONAL, INC.**

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90012 037 ***150.00

A0032765

Principal Place of Business Mailing Address
21011 JOHNSON STREET 21011 JOHNSON STREET
SUITE # 120 SUITE 120
PEMBROKE PINES, FLA. 33029 PEMBROKE PINES, FLA. 33029

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0604084** Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CASTILLO, JOSE
21011 JOHNSON STREET
SUITE # 120
PEMBROKE PINES, FLA. 33029
 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 **JOSE A. CASTILLO**
 Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when terminating)

DATE

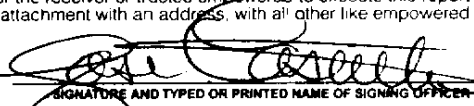
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Check Payment 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	P/D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CASTILLO, JOSE		NAME		
STREET ADDRESS	2972 S.W. 140 AVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FLA. 33330		CITY-ST-ZIP		
TITLE	VIP/S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HILL, BRIAN		NAME		
STREET ADDRESS	3972 S.W. 140 AVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FLA. 33330		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-001 (954) 538-9778

CR2E034 (11/00)