

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90050 021 ***150.00

DOCUMENT # P95000042261

1. Entity Name

M & F MEDICAL EQUIPMENT, CORP.



Principal Place of Business

2607 NW 20TH STREET
MIAMI FL 33142

Mailing Address

2607 NW 20TH STREET
MIAMI FL 33142

2. Principal Place of Business

330 SW 27 Avenue

3. Mailing Address

330 SW 27 Avenue

Suite, Apt. #, etc.

STE #505A

Suite, Apt. #, etc.

STE #505A

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33135

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0584330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIZCAINO, MAGDA
1754 SW 5TH STREET
#1
MIAMI FL 33135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **VIZCAINO, MAGDA**
STREET ADDRESS **1754 SW 5TH ST. #1**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MAGDA VIZCAINO**
STREET ADDRESS **330 SW 27 Ave, Ste 505A**
CITY-ST-ZIP **Miami, FL 33135**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/03

Date

Daytime Phone #

CR2E034 (10/02)