

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90149 041 ***150.00

DOCUMENT # P 95000048813

1. Entity Name

Laser Medical Equipment, Inc.

DO NOT WRITE IN THIS SPACE

641560

2. Principal Place of Business

8276 NW South River Dr

Suite, Apt. #, etc.

3. Mailing Address

8276 NW South River Dr

Suite, Apt. #, etc.

City & State

Medley, FL

City & State

Medley, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0590898

Applied For

Not Applicable

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 Ana R. Esparza

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

8276 NW South River Dr

City

Medley

FL

Zip Code

33166

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.

Ana R. Esparza

4/10/2002

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P
NAME	ESPARZA, ANA R.
STREET ADDRESS	8276 NW South River Dr
CITY-ST-ZIP	Medley, FL 33166
TITLE	V
NAME	Castillo, Alejandro
STREET ADDRESS	8276 NW South River Dr.
CITY-ST-ZIP	Medley, FL 33166
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ana R. Esparza

4/10/2002

305-321-4567

Date

Daytime Phone #