

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

DOCUMENT # **P95000050857**

1. Entity Name **Unimed Equipment Corp.**

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 22 PM 12:56

2. Principal Place of Business 12385 SW 129 ct		3. Mailing Address same	
Suite, Apt. #, etc. #115		Suite, Apt. #, etc. same	
City & State, miami, FL		City & State same	
Zip 33186	Country USA	Zip	Country

REINSTATEMENT 04

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4. FEI Number 650590863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Avilio Alfonso
Street Address (P.O. Box Number is Not Acceptable) 12385 SW 129 ct #115
City miami
FL 33186

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 **Avilio Alfonso** **10/21/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	NAME Avilio Alfonso	TITLE	
STREET ADDRESS 12385 SW 129 ct #115		NAME	
CITY-ST-ZIP miami, FL 33186		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE VP	NAME Irwin Gonzalez	TITLE	
STREET ADDRESS 12385 SW 129 ct #115		NAME	
CITY-ST-ZIP miami, FL 33186		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE		TITLE	
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11/02/04--01016--016 **750.00

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: **Avilio Alfonso** **10/21/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #