CR2E034 (10/02)

FILED Apr 30, 2003 8:00 am

2003 FOR PROFIT CORPORATION

OIT	IFUN	M DA211	1 E33	NEPUN	1 10	g Dnj					001	1
DOCUMENT # P95000050857 1. Entity Name UNIMED EQUIPMENT CORP						7 t		Secretary of State 04-30-2003 90317 030 ***150.00				
Principal Place of Business 12155 SW 130 AVENUE MIAMI FL 33186 US			1215	Mailing Address 12155 SW 130 AVENUE MIAMI FL 33186 US			j					
2. Principal Place of Business				3. Mailing Address							E!!!! 00 !8! 0!0!	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	/ & State		4. FEI Number 65					pplied For ot Applicable	
Zip		Country	Zip	्रीकर [ा] स्थीपु र ो	* Count	try -	÷ -	5. Ce	rtificate of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Cur	rent Register	ed Agent				7. Na	me and Address of New R	egistered	Agent	
AVILIO, ALFONSO					Name							
12155 SW 130 AVENUE						Street Addre	ess (F	O. Box	Number is Not Acceptable)		
MIAMI FL :	33 180 1.											
						City		FL Zip Code				
		submits this stateme ered agent.	nt for the purp	oose of changing its	registere	ed office or reg	jistere	d agen	t, or both, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE _	Signature, typed	or printed name of registered	agent and title if ap	plicable. (NOT	E: Registered	Agent signature rec	quired v	when reinst	tating)	DATE	<u> </u>	
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 Fin Trust Fund Contribution			00 May Be d to Fees
10.		OFFICERS /	AND DIRECTO)RS	11.			ADDI	TIONS/CHANGES TO OFFI	CERS ANI	DIRECTOR	S IN 11
	D ALFONSO 12155 SW MIAMI FL	130 AVENUE		☐ Delete							☐ Change	☐ Addition
TITLE	mikam i te			Delete	TITLE						☐ Change	Addition
NAME				□1 Delete	NAME	I					☐ Change	Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP		- -		-	CITY-	ST-ZIP	-	-	and the second second			
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NAME					NAME	1						
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CITY-ST-ZIP					CITY-	ST-7/P						

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 4

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

☐ Change

Change

☐ Addition

☐ Addition