FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051076

1. Entity Name

R & I MEDICAL EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

830640

2. Principal Place of Business	**3.** Mailing Address
10240 SW 56th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
114D	

DO NOT WRITE IN THIS SPACE

City & State	City & State		**4.** FEI Number	Applied For
Miami, FL			65-0591606	Not Applicable

Zip	Country	Zip	Country
33165-7066 Dade			

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Roxana Baron

Street Address (P.O. Box Number is Not Acceptable)
10240 SW 56th Street, Suite 114D

City		Zip Code
Miami	FL	33165-7066

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.   (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/T NAME Baron Roxana STREET ADDRESS 9435 SW 156th Place CITY-ST-ZIP Miami, FL 33195	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _Roxana Baron_ _____   4/2/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #