

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

DOCUMENT # P95000051076

1. Entity Name

R & I MEDICAL EQUIPMENT, INC.



FILED

03 APR -7 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10240 SW 56th Street

Suite, Apt. #, etc.

114D

City & State

Miamim FL

Zip

33165-7066

Country

Dade

3. Mailing Address

10240 SW 56th Street

Suite, Apt. #, etc.

114D

City & State

Miami, FL

Zip

33165-7066

Country

Dade

4. FEI Number

65-0591606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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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

Miami

FL

Zip Code

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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P/T
NAME Baron, Roxana
STREET ADDRESS 9435 SW 156th Place
CITY-ST-ZIP Miami, FL 33195

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NAME
STREET ADDRESS
CITY-ST-ZIP

300015328593
04/07/03--01004--005 **150.00

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

SIGNATURE: ✓

Roxana Baron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/01/03

Daytime Phone #

305 271 7181

CR2E034B (12/02)