

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91215 010 ***150.00

DOCUMENT # P95000057402

1. Entity Name
YERO'S MEDICAL EQUIPMENT INC.



Principal Place of Business
**9745 SUNSET DR
SUITE 127
MIAMI FL 33173-4619**

Mailing Address
**9745 SUNSET DR
STE 112C
MIAMI FL 33173-4619**

11005331



2. Principal Place of Business

9745 SW 72 ST

3. Mailing Address

Suite, Apt. #, etc.

112-C

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number **65-0595967**

Applied For

Not Applicable

Zip

33173

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GARCIA, LEONARDO

9745 S.W. 72ND STREET

SUITE 112C

MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

SANTOS, RAUL P.

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

12430 SW 190 ST

City

MIAMI

FL

Zip Code

33177

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

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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☒ Delete
NAME **GARCIA, LEONARDO C**
STREET ADDRESS **9745 S.W. 72ND STREET, SUITE 112C**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☒ Delete
NAME **GARCIA, LEONARDO C**
STREET ADDRESS **9745 S.W. 72ND STREET, SUITE 112C**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST D** ☐ Change ☒ Addition
NAME **SANTOS, RAUL P.**
STREET ADDRESS **12430 SW 190 ST**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

Daytime Phone #

CR2E034 (10/02)