

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060057

1. Entity Name

KAYSER MEDICAL EQUIPMENT, CORP.

FILED

02 OCT 28 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9085 SW 87 AVE  
STE 208  
MIAMI FL 33178  
US

Mailing Address

9085 SW 87 AVE  
STE 208  
MIAMI FL 33178  
US

2. Principal Place of Business

8177 SW 40 ST

3. Mailing Address

8177 SW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

U.S.A.

Zip

33155

Country

U.S.A.

4. FEI Number

65-0602835

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESPERANZA, RIZO  
9085 SW 87 AVE  
STE 208  
MIAMI FL 33178

8177 SW 40 ST  
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

ESPERANZA RIZO

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

8177 SW 40 ST

City

MIAMI

FL

Zip Code

33155

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

Esperanza Rizo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-15-2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 PD  
NAME ESPERANZA, RIZO  
STREET ADDRESS 9085 SW 87 AVE STE 208  
CITY-ST-ZIP MIAMI FL 33178  
8177 SW 40 ST  
MIAMI, FL 33155

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700008664297  
10/29/02--01060--013 \*\*550.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Esperanza Rizo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-2002

Date

3052676733

Daytime Phone #

CR2E034 (9/01)

11/4/02