FILED
Jun 03, 2002 8:00 am
Secretary of State
05-10-2002 90035 004 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018024

1. Entity Name J.R Medical Supplies, Inc

DO NOT WRITE IN THIS SPACE

34521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1801 NW 7 St	1801 NW 7 St
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Miami, Fl	City & State Miami, Fl
Zip 33125 Country USA	Zip 33125 Country USA

4. FEI Number 65-0646972 ☐ Applied For ☐ Not Applicable

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 Margarita Sampedro
Street Address (P.O. Box Number is Not Acceptable) 1801 NW 7St. #1
City Miami FL Zip Code 33125

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 Margarita Sanpedro Margarita Sampedro 04/29/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Margarita Sampedro 1801 NW. 7St. Miami, Fl. 33125	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: Margarita Sampedro 04/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #