

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90094 050 ***150.00

DOCUMENT # P96000033618

1. Entity Name
ASTRO MEDICAL EQUIPMENT CORP.

Principal Place of Business

7350 NW 7 ST. # 103
MIAMI FL 33126
US

Mailing Address

7350 NW 7 ST. # 103
MIAMI FL 33126
US

2. Principal Place of Business

7350 NW 7 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

DADE

Zip

Country

4. FEI Number

65-0658526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACHECO, ORLANDO
6201 SW 151 PL
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name YENEYSI L. GARCIA

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

4615 SW 139 ST #D

City MIAMI

FL

Zip Code 33175

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 YENEYSI L. GARCIA - VICE-PRESIDENT

1-29-02

(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)

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 P
NAME PACHECO, ORLANDO
STREET ADDRESS 7350 NW 7TH ST., STE 103
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE VS
NAME GARCIA, YENEYSI
STREET ADDRESS 7350 NW 7TH ST., STE 103
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)