

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 001 ***150.00

DOCUMENT # P9800.00 28224

1. Entity Name

Jonco Medical & Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4747 NW 103rd Ave

3. Mailing Address

11110 W. Oakland Pk. Blvd.

Suite, Apt. #, etc.

SUNRISE FL

Suite, Apt. #, etc.

#186

City & State

FL

City & State

SUNRISE FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

59-3487563

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name John M. Pastor

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

10680 NW 28th ST

City Sunrise

FL

Zip Code

33322

**DO NOT WRITE
IN THIS SPACE**

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

7/1A

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 JOHN M. Pastor
STREET ADDRESS President / owner
CITY - ST - ZIP 10680 NW 28th ST
Sunrise FL 33322

TITLE
NAME VP Technical Services
STREET ADDRESS JOHN J. PASTOR
CITY - ST - ZIP 8407 NW 40th CT.
Sunrise FL 33351

TITLE
NAME VP Field Service
STREET ADDRESS STEVEN M. PASTOR
CITY - ST - ZIP 8407 NW 40th CT.
Sunrise FL 33351

TITLE
NAME SECRETRES
STREET ADDRESS MICHELE M. PASTOR
CITY - ST - ZIP 10680 NW 28th ST
Sunrise FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

954-749
4060

Daytime Phone #

CR2E034B (12/01)