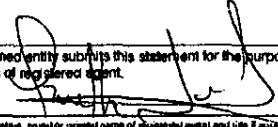
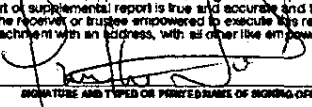


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90818 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000029026			
1. Entity Name MEDTECH LOGISTICS, INC.			
Principal Place of Business 880 NE 69 STREET APT. #3L MIAMI, FL 33138		Mailing Address P.O. BOX 310325 MIAMI, FL 33231	
2. Principal Place of Business 650 NE 72nd Terrace Suite, Apt. #, etc.		3. Mailing Address 1602 Alton Road Suite, Apt. #, etc. # 506	
City & State Miami, FL Zip 33138		City & State Miami Beach, FL Zip 33139	
4. FEI Number 65-0830888		Applied For Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent LEON, ISABEL 880 NE 69 STREET APT. #3L MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Leon Isabel Street Address (P.O. Box Number is Not Acceptable) 650 NE 72nd Terrace City Miami State FL Zip Code 33138	
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  DATE 04/28/03			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P LEON, ISABEL 880 NE 69 STREET MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition 650 NE 72nd Terrace Miami, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 proprietor 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, as other like empowered.			
SIGNATURE: 		Date 04/28/03	

CH25034 (10/02)