

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

DOCUMENT # P98000059661

1. Entity Name

B.R. MEDICAL, INC.

APPROVED
AND
FILED

02 NOV 13 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7875 SW 40 STREET

3. Mailing Address
7875 SW 40 STREET

Suite, Apt. #, etc.
SUITE: 224

Suite, Apt. #, etc.
SUITE: 224

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
650848620

Applied For
Not Applicable

Zip
33124

Country

Zip
33124

Country

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 JENNY DE LA TORRE

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

7875 SW 40 STREET STE: 224

City MIAMI

FL

Zip Code
33124

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

Jenny De La Torre

JENNY DE LA TORRE

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

(NOTE: Registered Agent signature required when reappointing)

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
(P/T/V/S/D) JENNY DE LA TORRE
7875 SW 40 STREET STE: 224
MIAMI, FL 33124

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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11/13/02--01003--003 ***300.00

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:

Jenny De La Torre

JENNY DE LA TORRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/01)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

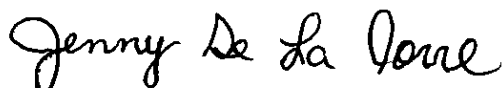
TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I MADE AN ADDRESS CHANGE IN 5-29-01.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,

A handwritten signature in cursive script that reads "Jenny De La Torre".

JENNY DE LA TORRE
PRESIDENT