

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90087 003 ***150.00

DOCUMENT # P99000027967

1. Entity Name

R.G. MEDICAL REPAIR & SALES INC.

Principal Place of Business

6323 SW 116TH PL
#F
MIAMI FL 33173

Mailing Address

6323 SW 116TH PL
#F
MIAMI FL 33173

2. Principal Place of Business

9745 SW 72 Street

3. Mailing Address

9745 SW 72 Street

Suite, Apt. #, etc.

113

Suite, Apt. #, etc.

113

City & State

miami FL

City & State

miami FL

Zip

33173

Country

Zip

33173

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOMEZ, RAUL I
6323 SW 116TH PL
#F
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name **Gomez Raul I**
 Street Address (P.O. Box Number is Not Acceptable)
9745 SW 72 St
113
 City **miami** **FL** Zip Code **33173**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/07/02

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 **PD** ☐ Delete
 NAME **GOMEZ, RAUL I**
 STREET ADDRESS **6323 SW 117TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33173**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Gomez Raul I**
 STREET ADDRESS **9745 SW 72 Street # 113**
 CITY-ST-ZIP **Miami FL 33173**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02

Date

305 (598) 9442

Daytime Phone #

CR2E034 (9/01)