

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031639

Entity Name

J.K. MEDICAL EQUIPMENT, CORP.

FILED
Aug 01, 2000 8:00 am
Secretary of State

04-22-2000 90117 002 ***150.00

Principal Place of Business

4901 NW 17 WAY., STE. 505
FT. LAUDERDALE FL 33309

Mailing Address

4901 NW 17 WAY., STE. 505
FT. LAUDERDALE FL 33317-2907

2. Principal Place of Business

3. Mailing Address

6991 W. BROWARD BLVD.

6991 W. BROWARD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 107

SUITE 107

City & State

City & State

PLANTATION FL

PLANTATION FL

Zip

Country

Zip

Country

33317

USA

33317

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANER, CHRISTOPHER

4901 NW 17 WAY., STE. 505
FT. LAUDERDALE FL 33309

Name

SHARON KRAFT

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

CP ABC BOOKKEEPING 4435 SW 26 AVE.

City

FT. LAUDERDALE FL

Zip Code

33312

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

SHARON KRAFT

4-16-00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
JOANNE KESTLER
5511 SW 44 AVE
FT. LAUDERDALE FL 33314

☐ Delete

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

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☐ 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:

JOANNE KESTLER

4-16-00

954-791-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)