2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91787 040 ***150.00

DOCUMENT # P99000055979

1. Entity Name
P & B Medical Equipment Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2285 West 80th Street	2285 West 80th Street
Suite, Apt. #, etc. Bay #3	Suite, Apt. #, etc. Bay #3
City & State Hialeah, Florida	City & State Hialeah, Florida
Zip 33016 Country Miami-Dade, USA	Zip 33016 Country Miami-Dade, U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0928204 ☐ Applied For ☐ Not Applicable

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 Pedro Rojas

Street Address (P.O. Box Number is Not Acceptable) 2285 West 80th Street Bay #3

City Hialeah, FL **FL** Zip Code 33016

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 Pedro Rojas
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pedro Rojas 2285 West 80th Street - Bay #3 Hialeah, FL 33016
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CR2E034B (12/02)

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Pedro Rojas 1/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #