

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91396 024 ***150.00

DOCUMENT # P99000099852

1. Entity Name
V.A. MEDICAL EQUIPMENT, INC.



Principal Place of Business
**11401 SW 40 ST
SUITE 329
MIAMI FL 33183**

Mailing Address
**11401 SW 40 ST
SUITE 329
MIAMI FL 33183**

2. Principal Place of Business

7500 NW 25 ST

3. Mailing Address

7500 NW 25 ST

Suite, Apt. #, etc.

245

Suite, Apt. #, etc.

245

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33122

Country

USA

Zip

33122

Country

USA

4. FEI Number **65-0963795**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GARCIA, ALBERTO
11401 SW 40 ST
MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **Garcia Alberto**
Street Address (P.O. Box Number is Not Acceptable) **7500 NW 25 ST Suite 245**
City **MIAMI** FL Zip Code **33122**

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

(NOTE: Registered Agent signature required when reinstating)

4-23-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **VP** ☒ Delete
NAME **MALGRAT, MARIA A**
STREET ADDRESS **12760 SW 65TH STREET**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **P** ☐ Delete
NAME **GARCIA, ALBERTO**
STREET ADDRESS **2707 E 7TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 receiver 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 all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

DATE

Daytime Phone #

(305) 463-9715

CR2E034 (10/02)