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Secretary of State
02-19-2001 90026 017 ***150.00

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P99000104348

1. Entity Name: J & E MEDICAL RESEARCH

Principal Place of Business / Mailing Address:
220 71ST STREET #213
MIAMI BEACH FL 33141

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0971295 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
~~CHARLES SIBLEY, ESQ~~ JOSE FERNANDEZ
~~1450 BRICKELL AVENUE SUITE D-207~~
~~MIAMI FL 33129~~

7. Name and Address of New Registered Agent:
Name: JOSE FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 220 71ST STREET #213
City: MIAMI BEACH FL Zip Code 33141

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: Jose E. Fernandez — March 30/2001
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) ☐

FEE DUE: $150.00 — After May 1, 2001 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	PRES/TR/SEC/DIRECTOR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOSE E. FERNANDEZ	NAME	
STREET ADDRESS	220 71ST STREET #213	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: ~~[illegible] PRDA~~ — ~~FEBRUARY 6, 2001~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jose E. Fernandez — March 6/2001