2001 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P99000107739

1. Entity Name
M.R.G. Medical Equipment, Inc.

FILED
01 SEP 10 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
MRG Medical Equipment, Inc. 3750 West 16th Avenue Suite- 130 U Hialeah, Florida 33012	MRG Medical Equipment, Inc. 3750 West 16th Avenue Suite- 130 U Hialeah, Florida 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
MRG Medical Equipment, Inc.		MRG Medical Equipment, Inc.	
Suite, Apt. #, etc.: 3750 West 16th Avenue Suite- 130 U		Suite, Apt. #, etc.: 3750 West 16th Avenue Suite- 130 U	
City & State: Hialeah, Florida		City & State: Hialeah, Florida	
Zip: 33012	Country: USA	Zip: 33012	Country: USA

4. FEI Number: 650979458 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUAN MIGUEL RODRIGUEZ
17900 NW- 81 AVE MIAMI
FLORIDA 33015

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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, 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: PRESIDENT NAME: JUAN MIGUEL RODRIGUEZ STREET ADDRESS: 3750 W-16 AVE SUITE 130U CITY-ST-ZIP: HIALEAH FLORIDA 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 100004589161--0 -09/14/01--01054--021 ******8.75 ******8.75
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CR2E034 (11/00)

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: Juan Miguel Rodriguez 07-15-01 (305)558-7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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MRG Medical Equipment, Inc.

3750 West 16th Avenue, Suite- 130 U, Hialeah, FL 33012
TEL, (305) 558-7801 FAX (305) 558-1933

8/15/01

Dear, Department of State of Florida

To who it may concern, I am writing to inform you that my Uniform Business Report (UBR) was lost in the mail. I have no idea where this report could be. I am very sorry for the delay with my report. Thank you very much for understanding my problem.

Sincerely,

Juan Miguel Rodriguez
President