

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **S 74073** ✓

1. Entity Name

A. & J Medical Corporation

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 039 ***150.00

DO NOT WRITE IN THIS SPACE

B0093374

2. Principal Place of Business

12260 SW 8th St

3. Mailing Address

12260 SW 8th St

Suite, Apt. #, etc.

Suite # 102

Suite, Apt. #, etc.

Suite 102

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0280721

Applied For

Not Applicable

Zip

33184

Country

U.S.A

Zip

33184

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Alex R. Lanza

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

14554 S.W. 94 Ln

City

Miami

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$6125
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. VP. S.T.D Alex R. Lanza 14554 S.W. 94 Ln Miami, FL 33186
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02