

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U-140003-1 U

DOCUMENT # P02000066924

1. Entity Name
JADI MEDICAL EQUIPMENT INC.



Principal Place of Business
**2900 W. 12TH AVENUE
STE 15
HIALEAH FL 33012**

Mailing Address
**2900 W. 12TH AVENUE
STE 15
HIALEAH FL 33012**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
75-3067426

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 FEB 17 AM 10:53




CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**GONZALEZ, JANET
2900 W. 12TH AVENUE
STE 15
HIALEAH FL 33012**

7. Name and Address of New Registered Agent
Name **MIREYA SOTO**
Street Address (P.O. Box Number is Not Acceptable) **2900 W 12 Avenue**
Suite 15
City **Hialeah** FL Zip Code **33012**

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  **Mireya Soto (PRES)** DATE **2/13/03**
(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JANET 2900 W. 12TH AVENUE STE 15 HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIREYA SOTO 2900 W 12 Ave #15 Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MIREYA SOTO (PRES)** DATE **2/13/03** DAYTIME PHONE # **305-805-0991**

CR2E034 (10/02)