2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State
01-23-2001 90020 010 ***158.75

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DOCUMENT # H11253

1. Entity Name
ADVENTURA SICKROOM SUPPLY, INC.

Principal Place of Business	Mailing Address
C/O LISA LEHMAN 136 S. FEDERAL HWY HALLANDALE FL 33009 US	C/O LISA LEHMAN 4000 TOWERSIDE TERR #2111 MIAMI FL 33138 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	136 S Federal Hwy Suite, Apt. #, etc.
City & State	City & State: Hallandale Fl.
Zip / Country	Zip: 33009 / Country

4. FEI Number 59-2419358 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEHMAN, LISA
4000 TOWERSIDE TERRACE #211
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name: Lehman Lisa
Street Address (P.O. Box Number is Not Acceptable): 136 S Federal Hwy
City: Hallandale FL Zip Code: 33009

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEHMAN, LISA 400 NE 191 ST MIAMI FL	☐ Delete	PD Lisa Lehman 136 S Federal Hwy Hallandale Fl. 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HATCHER, DIANE 912 NE 4 CT HALLANDALE FL 33009	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 1/10/01 954 458 1859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #