

FILED

May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 049 ***150.00

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

DOCUMENT #

1. Entity Name

K24134 ✓
OPTI-MEDICAL Equipment & supplies, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12951 S.W. 80st.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 527444

Suite, Apt. #, etc.

#131

City & State

Miami, FL

City & State

Miami FL

Zip

33183

Country

USA

Zip

33183

Country

USA

4. FEI Number

65-0054901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Arguello Jorge

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

12951 SW 80st

City

Miami

FL

Zip Code

33183

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 \$61.25

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	D Arguello, Jorge 12951 SW 80st Miami FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arguello Lorena 12951 SW 80st Miami, FL
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorena M Arguello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

(305)

274-9620
Daytime Phone #

CR2E034B (12/01)