

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 30 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000007121**

1. Entity Name  
**ONE STOP EMERGENCY EQUIPMENT, LLC**

|  |   |
|--|---|
| Principal Place of Business<br>275 FONTAINBLEAU BLVD., SUITE 171<br>MIAMI FL 33172 | Mailing Address<br>275 FONTAINBLEAU BLVD., SUITE 171<br>MIAMI FL 33172-4574 |
|--|---|

|  |                                   |
|--|-----------------------------------|
| 2. Principal Place of Business<br><b>9755 NW 52nd St</b> | 3. Mailing Address<br><b>same</b> |
| Suite, Apt. #, etc.<br><b>421</b>                        | Suite, Apt. #, etc.               |
| City & State<br><b>Miami, Florida</b>                    | City & State                      |
| Zip<br><b>33178</b>                                      | Country                           |

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>65-0961464</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

**ILEANA ARIAS TOVAR**  
**18459 PINES BLVD., SUITE 342**  
**PEMBROKE PINES FL 33029**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

|   |                                 |
|---|---------------------------------|
| TITLE<br><b>Director, President</b>                 | <input type="checkbox"/> Delete |
| NAME<br><b>Angel R. Freitez, MGRM</b>               |                                 |
| STREET ADDRESS<br><b>9755 NW 52nd St. Miami, FL</b> |                                 |
| CITY - ST - ZIP<br><b>33178</b>                     | <input type="checkbox"/> Delete |

10. ADDITIONS / CHANGES

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |

**200003290212-2**  
**-06/15/00--01009--008**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **04/24/2000** **(305) 803-6311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)