

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90321 029 ***158.75

DOCUMENT # M20009
 1. Entity Name
FAMILY MEDICAL RENTALS, INC.

Principal Place of Business Mailing Address
4941 SW 74 CT. **4941 SW 74 CT.**
MIAMI FL 33155 **MIAMI FL 33155**
US **US**

2. Principal Place of Business 3. Mailing Address
4941 SW 74 CT *SAME*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MIAMI FLA *MIAMI FLA*
 City & State City & State
33155 *33155*
 Zip Country
33155 *USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2568673** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SALAZAR, AIDA Name
4941 SW 74TH CT Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33144 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 _____ (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. **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 SALAZAR-REBUIL AIDA 9975 S.W. 87TH ST. MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Coutler mo Delgado 10021 SW 80 Ave Miami FLA 33176 # 263-77-1529
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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: *[Signature]* Date: *4/9/01* Daytime Phone #: *(305) 648-4545*

CR2E034 (10/00)