

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

DOCUMENT # P01000114534

1. Entity Name
FLORIDA HOME MEDICAL EQUIPMENT, INC.

07-02-2002 90807 045 ***550.00

0005181 AT

Principal Place of Business 2720 WEST 78 STREET HIALEAH FL 33016	Mailing Address 2720 WEST 78 STREET HIALEAH FL 33016
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2. Principal Place of Business 15712 S.W. 41st Street Suite, Apt. #, etc. Suite 16 City & State Davie, Florida Zip 33331	Country U.S.A.	3. Mailing Address 15712 S.W. 41st Street Suite, Apt. #, etc. Suite 16 City & State Davie, Florida Zip 33331	Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1159107	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTANER, SALVADOR
2720 WEST 78 STREET
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name
Brent D. Klein
 Street Address (P.O. Box Number is Not Acceptable)
Suite 1901
801 Brickell Avenue
 City
Miami FL Zip Code
33131

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 *Brent D. Klein* (NOTE: Registered Agent signature required when reinstating) DATE June 24, 2002

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, 2002 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	D CASTANER, SALVADOR 2720 WEST 78 STREET HIALEAH FL 33016 <input checked="" 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	P/D Guillermo Salazar 15712 S.W. 41st Street Davie, Florida 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rene Valverde 15712 S.W. 41st Street Davie, Florida 33331 <input type="checkbox"/> Change <input checked="" 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

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: Guillermo Salazar, President *Guillermo Salazar* **6/26/02** 954-217-6055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)