

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

0261633 AV

DOCUMENT # P93000056620

1. Entity Name
BEST CARE DURABLE MEDICAL EQUIPMENT INC.

02-10-2002 90019 044 ***150.00

Principal Place of Business
**7370 N.W. 36TH ST.
 BLDG 300 SUITE 319-E
 MIAMI FL 33166**

Mailing Address
**7370 N.W. 36TH ST.
 BLDG 300 SUITE 319-E
 MIAMI FL 33166**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0426135**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRASS, F. LUISA
 7370 NW 36 ST. BLDG 300 SUITE 319-E
 MIAMI FL 33166**

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 _____ (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)

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

TITLE **PSD** Delete
 NAME **GRASS, F. LUISA**
 STREET ADDRESS **7371 NW 36TH STREET, SUITE 319E, BLDG. 300**
 CITY-ST-ZIP **MIAMI FL 33166**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED** **F. Luis Grass, President,** 01-19-2002, 305-599-0220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)