2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90078 023 ***150.00

DOCUMENT # P94000029034

1. Entity Name

SAHARA MEDICAL EQUIPMENT INC.

Principal Place of Business	Mailing Address
1840 WEST 49TH STREET SUITE ~~702~~ HIALEAH FL 33012 US	1840 WEST 49TH STREET SUITE ~~702~~ HIALEAH FL 33012-2944 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1840 W. 49 St	8145 N.W. 187th Terr
Suite, Apt. #, etc. 711	Suite, Apt. #, etc. Miami
City & State Hialeah, FL	City & State Miami FL
Zip 33012 Country Dade	Zip 33015 Country Dade

4. FEI Number 65-0485168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALGRAT, MARIA
8145 NW 187TH TERRACE
MIAMI FL 33015

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 [signature] 3/6/00
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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 MALGRAT, MARIA ~~1900 W. 54TH STREET STE 403~~ ~~HIALEAH FL 33012~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S. MARIA MALGRAT 8145 N.W. 187th Terr Miami, FL. 33015	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] (MARIA MALGRAT (D)) 3/6/00 (305) 825-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (9/99)