

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90166 011 ***150.00

DOCUMENT # P94000029034

1. Entity Name
SAHARA MEDICAL EQUIPMENT INC.

Principal Place of Business

~~1840 WEST 49TH STREET~~
~~SUITE 704~~
~~HIALEAH FL 33012~~
~~US~~

Mailing Address

~~1840 WEST 49TH STREET~~
~~SUITE 704~~
~~HIALEAH FL 33012~~
~~US~~

2. Principal Place of Business

951 B SW 87 Ave

3. Mailing Address

951 B SW 87 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami, FL

4. FEI Number **65-0485168**

Applied For
 Not Applicable

Zip **33174** Country **USA**

Zip **33174** Country **USA**

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

RUIZ, RIGOBERTO
1840 W. 49TH STREET
SUITE 704
HIALEAH FL 33012

Name

951 B SW 87th Ave

City

Miami

FL

Zip Code **33174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PVST** ☐ Delete
 NAME **RUIZ, RIGOBERTO**
 STREET ADDRESS **1840 WEST 49TH STREET, SUITE 704**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **PVST** ☒ Change ☐ Addition
 NAME **RUIZ, Rigoberto**
 STREET ADDRESS **951 B SW 87 Ave, miami, FL**
 CITY-ST-ZIP **33174**

TITLE **D** ☐ Delete
 NAME **RUIZ, RIGOBERTO**
 STREET ADDRESS **1840 WEST 49TH STREET, SUITE 704**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Change ☐ Addition
 NAME **RUIZ, RIGOBERTO**
 STREET ADDRESS **1840 WEST 49TH STREET, SUITE 704**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: X SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

80131031

LAW OFFICES
METSCH & METSCH, P.A.
1455 NW 14 STREET
MIAMI, FLORIDA 33125

LAWRENCE R. METSCH*
BENJAMIN R. METSCH
*ALSO ADMITTED IN CONNECTICUT

TELEPHONE 305-545-6400
TELECOPIER 305-545-7224

Attachment

July 19, 2002

Via Certified Mail

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Sahara Medical Equipment, Inc-
Doc. P94000029034

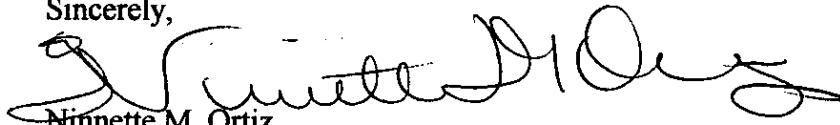
To whom it may concern:

~~This law firm now represents Sahara Medical Equipment, Inc. in connection with the above referenced matter.~~

Pursuant to our conversation with your offices, this letter will serve as official notice that Sahara Medical Equipment, Inc. never received the initial annual report application. The application sent in January was sent to an old address. Hence, they were unable to file an annual report until now. Enclosed please find the completed UBR along with a check in the amount of \$150.00

Should you require any further documentation or have any questions, please do not hesitate to contact us.

Sincerely,


Ninnette M. Ortiz
Paralegal

Enclosures