

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095035

1. Entity Name

REDI-MEDIC EQUIPMENT & SUPPLY, CO.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90116 007 ***150.00

Principal Place of Business

70 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

Mailing Address

70 WESTWARD DRIVE
MIAMI SPRINGS FL 33166-5256

2. Principal Place of Business

3. Mailing Address

P.O. Box 661460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Spgs, FL

Zip

Country

Zip

Country

33266

DADE

4. FEI Number

65-0791722

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

REYES, MARINA
70 WESTWARD DRIVE
MIAMI SPRINGS FL 33166

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	REYES, EVELYN	
STREET ADDRESS	70 WESTWARD DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	SVD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, B	
STREET ADDRESS	70 WESTWARD DR	
CITY-ST-ZIP	MIAMI SPGS FL 33106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINA Reyes	
STREET ADDRESS	70 WESTWARD Drive	
CITY-ST-ZIP	MIAMI Spgs, FL 33166	
TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINA Reyes	
STREET ADDRESS	70 WESTWARD Drive	
CITY-ST-ZIP	MIAMI Spgs, FL 33166	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINA Reyes	
STREET ADDRESS	70 WESTWARD Drive	
CITY-ST-ZIP	MIAMI Spgs, FL 33166	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINA Reyes	
STREET ADDRESS	70 WESTWARD Drive	
CITY-ST-ZIP	MIAMI Spgs, FL 33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marina Reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 305-889-0142

CR2E034 (9/99)