

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-13-2000 90116 007 ***150.00

DOCUMENT # P97000095035

1. Entity Name
REDI-MEDIC EQUIPMENT & SUPPLY, CO.

Principal Place of Business 70 WESTWARD DRIVE MIAMI SPRINGS FL 33166	Mailing Address 70 WESTWARD DRIVE MIAMI SPRINGS FL 33166-5256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <i>P.O. Box 661460</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami Spgs, FL</i>	4. FEI Number 65-0791722	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33266</i>	Country <i>DADE</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYES, MARINA 70 WESTWARD DRIVE MIAMI SPRINGS FL 33166	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE <i>PRESIDENT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, EVELYN		NAME <i>MARINA REYES</i>	
STREET ADDRESS 70 WESTWARD DRIVE		STREET ADDRESS <i>70 WESTWARD DRIVE</i>	
CITY-ST-ZIP MIAMI SPRINGS FL 33166		CITY-ST-ZIP <i>MIAMI SPGS, FL 33166</i>	
TITLE SVD	<input checked="" type="checkbox"/> Delete	TITLE <i>VICE PRES.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, B		NAME <i>MARINA REYES</i>	
STREET ADDRESS 70 WESTWARD DR		STREET ADDRESS <i>70 WESTWARD DRIVE</i>	
CITY-ST-ZIP MIAMI SPGS FL 33106		CITY-ST-ZIP <i>MIAMI SPGS, FL 33166</i>	
TITLE	<input type="checkbox"/> Delete	TITLE <i>DIRECTOR</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <i>MARINA REYES</i>	
STREET ADDRESS		STREET ADDRESS <i>70 WESTWARD DRIVE</i>	
CITY-ST-ZIP		CITY-ST-ZIP <i>MIAMI SPGS, FL 33166</i>	
TITLE	<input type="checkbox"/> Delete	TITLE <i>SECRETARY</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <i>MARINA REYES</i>	
STREET ADDRESS		STREET ADDRESS <i>70 WESTWARD DRIVE</i>	
CITY-ST-ZIP		CITY-ST-ZIP <i>MIAMI SPGS, FL 33166</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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* 4/5/00 305-889-0142
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)