

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90204 009 ***150.00

DOCUMENT # P02000110412

1. Entity Name

ALL STATE ORTHOPEDIC MEDICAL EQUIPMENT INC.



Principal Place of Business

19460 NW 59 AVE

MIAMI FL 33015

Mailing Address

19460 NW 59 AVE

MIAMI FL 33015

2. Principal Place of Business

1490 W 49TH PL

Suite, Apt. #, etc.

490

3. Mailing Address

1490 W 49TH PL.

Suite, Apt. #, etc.

490

City & State

HAIALEAH FL.

City & State

HAIALEAH FL.

Zip

33012

Country

DADE

Zip

33012

Country

DADE

4. FEI Number

06-1654321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAPALO, MIRIAM B

19460 NW 59 AVE

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP/S
RAPALO, MIRIAM B
19460 NW 59 AVE
MIAMI FL 33015**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
CACERES, NIEVES
6360 NW 200 ST
MIAMI FL 33015**

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03 (305) 826-2855

Date

Daytime Phone #