

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 264768**

1. Entity Name

RANDLE MEDICAL SALES AND RENTALS INC

Principal Place of Business

**1889 N.W. 7TH STREET
MIAMI FL 33125**

Mailing Address

**1889 N.W. 7TH STREET
MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RANDLE, JAMES A
1889 N.W. 7TH STREET
MIAMI FL 33125**

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, 2001 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	DV	<input type="checkbox"/> Delete
NAME	RANDLE, JAMES A	
STREET ADDRESS	1889 N W 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Miami, Florida 33125	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RANDLE, WILLIA L	
STREET ADDRESS	1889 N W 7TH STREET	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randle, Carol McNeal	
STREET ADDRESS	1889 N.W. 7 Street	
CITY-ST-ZIP	Miami, Florida 33125	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANDLE, KENNETH	
STREET ADDRESS	1889 N W 7TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cameron, Pamela L.	
STREET ADDRESS	1889 N.W. 7 Street	
CITY-ST-ZIP	Miami, Florida 33125	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Randle, President

4-10-01

Date

305-643-5222

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90081 030 ***150.00

80031671



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0998916**

Applied For

Not Applicable

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

CR2E034 (10/00)