

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90138 024 ***158.75

DOCUMENT # *F 02000001872*

1. Entity Name

Better Hospital Equipment Corp



DO NOT WRITE IN THIS SPACE

10033279

2. Principal Place of Business

2400 N. University Dr.

3. Mailing Address

2400 N. University Dr.

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

City & State

Pembroke Pines, FL

Pembroke Pines FL

Zip

Country

33024 Broward

Zip

Country

33024 Broward

4. FEI Number

113089802

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TERESA V. BATTER

Street Address (P.O. Box Number is Not Acceptable)

370 Carriington Dr.

City

Weston

FL

Zip Code

33326

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

Teresa V. Batter, President

3/4/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*President
Teresa V. Batter
370 Carriington Dr.
Weston, FL 33326*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*Secretary, Treasurer
Harvey M. Batter
370 Carriington Dr.
Weston, FL 33326*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Teresa V. Batter, President

March 4/03

954-885-6470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034B (12/02)