

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

FILED

DOCUMENT #

1. Entity Name

K75490

A.B.C. Medical Equipment Rental Corp.

02 OCT 28 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 NE 125th St.

3. Mailing Address

1350 NE 125th St.

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

N. Miami FL

City & State

N. Miami FL

Zip

33181

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0178956

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Respeto, MARIA CARMEN

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

1350 NE 125th St. #101

City

N. Miami

FL

Zip Code

33161

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

Maria C. Respeto

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

(NOTE: Registered Agent signature required when reinstating)

10/23/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Pres
Respeto MARIA CARMEN
6913 Rue Vendome Apt 2
Miami Beach FL 33141

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

400008634604

10/28/02--01111--018 **150.00

TITLE

NAME

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

SIGNATURE:

Maria C. Respeto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

305 981-9909

Daytime Phone #

CR2E034B (12/01)