

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90135 014 ***150.00

DOCUMENT # K99623

1. Entity Name

MIAMI RESPIRATORY CARE, INC.

Principal Place of Business

3845 E. 4TH AVENUE
HIALEAH FL 33013

Mailing Address

3845 E. 4TH AVENUE
HIALEAH FL 33013

2. Principal Place of Business

11492 QUAIL ROOST DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33167

Country

USA

Country

4. FEI Number

65-0130857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESA, EDUARDO
3845 E. 4TH AVENUE
HIALEAH FL 33013

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.

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST MESA, EDUARDO
3845 E. 4TH AVENUE
HIALEAH FL 33013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11492 QUAIL ROOST DR
MIAMI, FL, 33167 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MESA, EDUARDO
3845 E. 4TH AVENUE
HIALEAH FL 33013 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
11492 QUAIL ROOST DR
MIAMI, FL, 33167 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

4/24/02

205-256-0256

Date

Daytime Phone #

CR2E034 (9/01)