

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06807

1. Entity Name

OXYGEN & PULMONARY SPECIALTIES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90076 035 ***150.00

Principal Place of Business

1901 SW 101ST AVE
BAY C
MIRAMAR FL 33025
US

Mailing Address

~~1065 NE 125TH CT~~
~~STE 317~~
~~N MIAMI FL 33161-5039~~
US

2. Principal Place of Business

3. Mailing Address

15821 S.W. 61st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davie, FL

4. FEI Number

65-0137192

Applied For

Not Applicable

Zip

Country

Zip

Country

33331

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, ALBERT
1901 SW 101ST AVE
BAY C
MIRAMAR FL 33025

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS MENENDEZ, ALBERT
CITY-ST-ZIP ~~1901 SW 101ST AVE., BAY C~~
~~MIRAMAR FL 33025~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15821 SW 61st St.
CITY-ST-ZIP Davie, FL 33331

TITLE ☐ Delete
NAME D
STREET ADDRESS CAMACHO, ALBERTO
CITY-ST-ZIP 1761 SW 53RD AVENUE
PLANTATION FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Albert Menendez

Date

(954) 537-1710

Daytime Phone #

CP2E034 (9/99)