

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0275060 AV

DOCUMENT # L06807

1. Entity Name
OXYGEN & PULMONARY SPECIALTIES, INC.



04-14-2003 90743 009 ***150.00

Principal Place of Business
**1901 SW 101ST AVE
BAY C
MIRAMAR FL 33025
US**

Mailing Address
~~1065 NE 125TH CT~~
~~STE 017~~
~~N MIAMI FL 33161~~
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
33331

Country
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
15821 SW 61ST STREET
DAVIE FL 33331**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MENENDEZ, ALBERT**
CITY-ST-ZIP **15821 SW 61ST STREET
DAVIE FL 33331**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED **Menendez**

Date

Daytime Phone #

14-11-03 **954-537-1710**

CR2E034 (10/02)