

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L84891

1. Entity Name

OPTIMUM MEDICAL EQUIPMENT, INC.

FILED

01 FEB 14 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9300 SUNSET DRIVE  
1st. Floor  
Miami, Fl. 33173

9300 SUNSET DRIVE  
1st. Floor  
Miami, Fl. 33173

2. Principal Place of Business

3. Mailing Address

9300 Sunset Drive  
Suite, Apt. #, etc.  
1st. Floor

9300 Sunset Drive  
Suite, Apt. #, etc.  
1st. Floor

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33173

33173

US

4. FEI Number

65-0217433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANCO, VICTORIA R.  
11131 S.W. 146 Pl.  
Miami, Fl. 33186

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, 2001 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 P  
STREET ADDRESS FRANCO, VICTORIA R.  
CITY-ST-ZIP 11131 S.W. 146 Pl.  
Miami, Florida 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 300003768613--3  
-02/26/01--01146--010  
\*\*\*\*300.00 \*\*\*\*300.00

TITLE ☐ Delete  
NAME T  
STREET ADDRESS SMIT, JANETH  
CITY-ST-ZIP 11131 S.W. 146 Pl.  
Miami, Florida 33186

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS CASTELLAR, MARTHA  
CITY-ST-ZIP 11131 S.W. 146 Pl.  
Miami, Florida 33186

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Victoria R. Franco*

*Victoria R. Franco*

905-275-0116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)