

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91971

1. Entity Name

TOTAL RESPIRATORY SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90093 008 ***150.00

Principal Place of Business

7200 NW 19TH ST
STE 110
MIAMI FL 33126
US

Mailing Address

7200 NW 19TH ST
STE 110
MIAMI FL 33144-5407
US

2. Principal Place of Business

3. Mailing Address

(SAME)
7012 SW 13TH ST

Suite, Apt. #, etc.

City & State

FLORIDA, MIAMI

Zip

33144

Country

USA

City & State

FLORIDA, MIAMI

Zip

33144

Country

USA



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

City & State

FLORIDA, MIAMI

Zip

33144

Country

USA

4. FEI Number

65-0205995

Applied For

Not Applicable

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

CRUZ-PERAZA, JOSE M
7200 NW 19TH ST
STE 110
MIAMI FL 33126

Name JOSE M. CRUZ-PERAZA

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

7012 SW 13 STREET

City

MIAMI

FL

Zip Code

33144

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

2-28-00

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 PTD ☐ Delete
NAME CRUZ-PERAZA, JOSE
STREET ADDRESS 7200 NW 19TH ST STE 110
CITY-ST-ZIP MIAMI FL 33126

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
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-00 305-994-3270

CR2E034 (9/99)