

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96834

1. Entity Name

A-1 RESPIRATORY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90093 019 ***150.00

Principal Place of Business

20410 SW53 PL
 PEMBROKE PINES FL 33332
 US

Mailing Address

P.O. BOX 266185
 WESTON FL 33326-6185
 US

2. Principal Place of Business

701 SW 148 AVE

3. Mailing Address

Suite, Apt. #, etc.

1515

City & State

SUNRISE FL.

City & State

Zip

33325

Country

FLORIDA USA.

Country

4. FEI Number

65-0093594

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

SILVANO, REBOSIO
 20410 SW 53 PL
 PEMBROKE PINES FL 33332

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	P	<input checked="" type="checkbox"/> Delete
NAME	REBOSIO, SILVANO	
STREET ADDRESS	20410 SW 53 PL	
CITY-ST-ZIP	PEMBROKE PINES FL 33332	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	REBOSIO SILVANO	
STREET ADDRESS	701 SW 148 AVE #1515	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2000

Date

Daytime Phone #

CR2E034 (9/99)