**2001 UNIFORM BUSINESS REPORT (UBR)** 

## Jul 10, 2001 8:00 am DOCUMENT # 9000 00004766 **Secretary of State** ALL AROUND MEDICAL EQUIPMENT, INC. 1. Entity Name 07-10-2001 90120 026 \*\*\*158.75 Mailing Address SMAME. Principal Place of Business 175 Fontainebleau Blvd. MIAMI, FL 33172. A0076325 2. Principal Place of Business 3. Mailing Address 175 Fontainebleau Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 292 City & State City & State 4. FEI Number Applied For MIAMI 65:097418B Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 53172 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YAMYRA Hernandez Street Address (P.O. Box Number is Not Acceptable) 242 SW 77 MIAMI FL 33144 Terrace 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. 6/29/01 armona FILE NOWIN FEE 19 \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY(1), 2001 Fee will be \$550,00 | Make Check Payable to Department of State Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT **☑** Toelete ☐ Change TILE TIDE Hernandez lamyra LUCILA CARMONA MALE NAME 242 SW 77 CT B930 NW H3 Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP MIAMI, FL 33144 Miami Lakes. 33018 Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-7P ☐ Addition ☐ Change TITLE Octob TILE MARE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Detete ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TILE ☐ Delate TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZDP ☐ Addition TIME Delete TITS F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eccurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the comporation 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. Amura Hernand SIGNATURE:

FILED

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## Luis E. Diaz & Associates, P.A. Attorney and Counselors at Law

Attachment DH PODDODO TIGO A00710005

4201 Southwest 11th Street Miami, Florida 33134

Telephone: (305) 567-1900 Facsimile: (305) 446-1040

July 6, 2001

Via Certified Mail - 7099 3400 0006 6236 5783

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2001 Uniform Business Report of ALL AROUND MEDICAL EQUIPMENT, INC.

Dear Sir or Madam:

Enclosed please find the 2001 Uniform Business Report of ALL AROUND MEDICAL EQUIPMENT, INC. along with a check totalling \$158.75. The annual report was not filed earlier as the corporation did not have the original form. Please change your records to reflect that Ms. Lucila Carmona is the new President and registered agent for the corporation.

If you have any questions, please do not hesitate to call me at (305) 567-1900.

Sincerely,

Luis E. Diaz Esq.

Enclosures