

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90144 036 ***150.00

03/27/02 AV

DOCUMENT # P00000004766

1. Entity Name

ALL AROUND MEDICAL EQUIPMENT, INC.

Principal Place of Business

**175 FONTAINEBLEAU BLVD
 292
 MIAMI FL 33172**

Mailing Address

**175 FONTAINEBLEAU BLVD
 292
 MIAMI FL 33172**

2. Principal Place of Business

175 Fontainebleau Blvd

3. Mailing Address

175 Fontainebleau Blvd

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

65-0974188

☒ 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

**CARMONA
 CARMINE, LUCILA
 8930 NW 153RD TERRACE
 MIAMI LAKES FL 33018**

7. Name and Address of New Registered Agent

Name **Carmona, Lucila**
 Street Address (P.O. Box Number is Not Acceptable)
8930 NW 153RD TERRACE
 City **Miami Lakes** **FL** Zip Code **33018**

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]

Lucila Carmona

03-12-02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **CARMONA, LUCILA**
 STREET ADDRESS **8930 NW 153RD TERRACE**
 CITY-ST-ZIP **MIAMI LAKES FL 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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, without other like empowered.

SIGNATURE:

[Signature]

Lucila Carmona

(305) 227-9911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)