

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91164 014 ***150.00

DOCUMENT # P00000026034

1. Entity Name
PREMIER MEDICAL EQUIPMENT&SUPPLIES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7225 NW 25 ST

3. Mailing Address
7225 NW 25 ST

Suite, Apt. #, etc.

STE# 117

Suite, Apt. #, etc.

STE# 117

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FFL Number
65-0990141

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALINA SERRA

Street Address (P.O. Box Number is Not Acceptable)
7225 NW 25 ST

STE# 117

City
MIAMI

FL

Zip Code
33122

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) ☒

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALINA SERRA
7225 NW 25 ST, STE# 117
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

(305) 716-0117

Daytime Phone #

CR2E034B (12/01)