

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90219 022 ***150.00

DOCUMENT # P00000041363

1. Entity Name

AAA WHEELCHAIRS & MEDICAL SUPPLIES OF FLA., INC.

Principal Place of Business

**960 BELLE MEADE ISLAND DRIVE
 MIAMI FL 33138**

Mailing Address

**960 BELLE MEADE ISLAND DRIVE
 MIAMI FL 33138**

2. Principal Place of Business

285 NW 27th Ave.

Suite, Apt. #, etc.

Suite 20

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Address

285 NW 27th Ave

Suite, Apt. #, etc.

Suite 20

City & State

Miami, FL

Zip

33125

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1026758

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

TURNES, ALEIDA P

**960 BELLE MEADE ISLAND DRIVE
 MIAMI FL 33138**

Name

JOHNNY TSIMOGIANNIS

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

710 Ponce de Leon Blvd

SUITE 210

City

COBAL GABLES

FL

Zip Code

33134

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

JOHNNY TSIMOGIANNIS

4/29/01

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirements and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	DPS	<input checked="" type="checkbox"/> Delete
NAME	TURNES, ALEIDA P	
STREET ADDRESS	960 BELLE MEADE ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TURNES, FRANCISCO SR	
STREET ADDRESS	960 BELLE MEADE ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE B. ESPINOSA III	
STREET ADDRESS	2450 SW 24th Street	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

George B. Espinosa III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01

305-444-2445

CR2E034 (10/00)