## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 22, 2001 8:00 am Secretary of State

1. Entity Nam	MENT # POOC PICAL EQUIPMENT CO		3530			J	Secretary 01-22-2001 90034	of Sta	ate	
Principal Plac	e of Business		Mailing Address		<del></del>					
3383 N.W. 7TH #303	ST		383 N.W. 7TH ST 303			1	ΝU	UUTJJ	j .	
#303 Miami FL 33125			MIAMI FL 33125			}				
2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3	3. Mailing Address  Suite, Apt. #, etc.  City & State							
						DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For Not Applicable				
Zip	Country		Zip	Country		<del> '</del>	ertificate of Status Desired	□ \$8	.75 Add	itional
	6. Name and Address of	Current Ban	letered Ameri			7 N	ame and Address of New Ro			<u> </u>
	o. Name and Address of	Anneur neg	Inches Whelle	Na	ame		***** Alle Line, 000 Al 11911 III	- g		
PERDOMO, LETICIA E			Street Add			ss (P.O. Box Number is Not Acceptable)				
3340 N.W. 16TH ST 57€ 303 MIAMI FL 33125		303 -	-							
MAN	VII FL 33120							<del></del>		
				Ci	ty			FL	Zip Code	9
8. The above			·		nt signature requir	ed when rein	nstating)	DATE		
SIGNATURE .  9. This corporate filing		stered agent and til	tle if applicable. (NO	OTE: Registered Ager	\$150.00 be \$550.00	* - w *	nstating)  10. Election Campaign Fin Trust Fund Contribution	ancing	\$5.0 Added	<b>0</b> .May.Be to Fees
SIGNATURE .  9. This corporate filing	Signature, typed or printed name of regis oration is eligible-to satisfy its. I requirement and elects to do s ria on back)	ntangible	FILE NOW After MAY 1, 2 Make Check Paya	OTE: Registered Ager	\$150.00 be \$550.00	ate	10. Election Campaign Fin	ancing	Added	to Fees
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/0/ 305-643