

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90157 020 ***150.00

DOCUMENT # P00000061139

1. Entity Name

K M MEDICAL EQUIPMENT SERVICE, INC.

Principal Place of Business

**1931 NW 1ST TERRACE
 MIAMI FL 33125**

Mailing Address

**1931 NW 1ST TERRACE
 MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1024084

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

**GONZALEZ, KETTY
 1931 NW 1ST TERRACE
 MIAMI FL 33125**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PD
 GONZALEZ, KETTY
 1931 NW 1ST TERRACE
 MIAMI FL 33125**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 reports 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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-02 305-887-5018

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

KM MEDICAL EQUIPMENT SERVICE, INC.
1931 NW 1 STREET
MIAMI, FLORIDA, 33125
(305)643-0857

Miami, July 26, 2002

Division of Corporation
P.O. Box 1500
Tallahassee, Fl 32302-1500

Ref: Document # P00000061139

This note is to inform that I just received the UBR with the note that this is the second notice and I must pay including the late fee, but this is the first time that I receive the form, you should have in your records the return package from the mail, and I didn't have the information about the date due

The address is correct and the company name too, must be a Mail Service mistake or check in your records if this pack was sent to me before, please let me know.

Please accept my payment and lateness.


Ketty Gonzalez
President