

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90121 001 \*\*\*150.00

**DOCUMENT # P00000063392**

1. Entity Name  
**TEODULO EQUIPMENT & ORTHOPEDIC SUPPLY, INC.**

Principal Place of Business

1455 NW 14TH STREET  
 MIAMI FL 33125

Mailing Address

1455 NW 14TH STREET  
 MIAMI FL 33125

UUUU7750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4381 W. 16th Avenue  
 Suite, Apt. #, etc.

3. Mailing Address

4381 W. 16th Avenue  
 Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-1023182

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**METSCH, BENJAMIN R**  
 1455 NW 14TH STREET  
 MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

Teodulo Olmo

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

4381 W. 16th Avenue

City

Hialeah

FL

Zip Code

33012

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

1/11/01

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, 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

TITLE	DPV	<input type="checkbox"/> Delete
NAME	OLMO, TEODULO	<input checked="" type="checkbox"/>
STREET ADDRESS	1455 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	OLMO, TEODULO	
STREET ADDRESS	1455 NW 14TH STREET	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Olmo, Teodulo	<input checked="" type="checkbox"/>	
STREET ADDRESS	4381 W. 16th Avenue		
CITY-ST-ZIP	Hialeah, FL 33012		
TITLE	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Olmo, Teodulo		
STREET ADDRESS	4381 W. 16th Avenue		
CITY-ST-ZIP	Hialeah, FL 33012		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01

Date

Daytime Phone #

CR2E034 (10/00)