

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066848

1. Entity Name  
**EXPRESS MED-EQUIPMENT INC.**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90009 001 \*\*\*150.00

Principal Place of Business

**331 PALM AVENUE  
HIALEAH FL 33010**

Mailing Address

**331 PALM AVENUE  
HIALEAH FL 33010**

2. Principal Place of Business

**4615 NW 72 AVE**

3. Mailing Address

**4615 NW 72 AVE #108**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33164**

Country

**DADE**

Zip

**33164**

Country

**DADE**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RAMOS, RAFAEL  
331 PALM AVENUE  
HIALEAH FL 33010**

7. Name and Address of New Registered Agent

Name **RAFAEL RAMOS**

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

**4615 NW 72 AVE SUITE #108**

City **Miami**

**FL**

Zip Code **33164**

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)

**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 **PD** ☐ Delete  
NAME **RAMOS, RAFAEL**  
STREET ADDRESS **331 PALM AVENUE**  
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **RAFAEL RAMOS**  
STREET ADDRESS **4615 NW 72 AVE #108**  
CITY-ST-ZIP **Miami, FL 33164**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**RAFAEL RAMOS**

**4/4/2001**

**(305) 863-0708**

CR2E034 (10/00)

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