

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074941

1. Entity Name
HOSP-BEDS CORP.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90073 046 ***158.75

Principal Place of Business

7284 NW 54TH ST
MIAMI FL 33166

Mailing Address

7284 NW 54TH ST
MIAMI FL 33166

2. Principal Place of Business

2739 W 79ST

3. Mailing Address

Same

Suite, Apt. #, etc.

11

Suite, Apt. #, etc.

City & State

HALEAH, FLORIDA

City & State

Zip

33016

Country

Zip

Country

4. FEI Number

65-102 6779

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, MARIO
9777 W VIEW DR #1137
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

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.

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 PS
NAME VARGAS, MARIO
STREET ADDRESS 9777 W VIEW DR #1137
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE VT
NAME ALVAREZ, JOSE
STREET ADDRESS 4765 NW 114TH AVE #101
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

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

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

TITLE ☐ Change ☐ Addition
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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

3/8/2001

Date

305-819-5223

Daytime Phone #

CR2E034 (10/00)