

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095205

1. Entity Name

AMERICAN RENTAL MEDICAL SUPPLIES, CORP.

Principal Place of Business

9682 FOUNTAINEBLEAU BLVD #706  
MIAMI FL 33172

Mailing Address

9682 FOUNTAINEBLEAU BLVD #706  
MIAMI FL 33172

2. Principal Place of Business

1005 SW 8th

Suite, Apt. #, etc.

3. Mailing Address

1005 SW 8th

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33130

Country

DADE

Zip

33130

Country

DADE

6. Name and Address of Current Registered Agent

SEGURA, ALBERTO G  
9682 FOUNTAINEBLEAU BLVD #706  
MIAMI FL 33172

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

Roberto Rojas

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	<input checked="" type="checkbox"/> Delete
NAME	SEGURA, ALBERTO G	
STREET ADDRESS	9682 FOUNTAINEBLEAU BLVD #706	
CITY - ST - ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROJAS, ROBERTO	
STREET ADDRESS	10952 SW 4TH STREET APT B	
CITY - ST - ZIP	MIAMI FL 33174	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTO ROJAS	
STREET ADDRESS	10952 SW 4th #B	
CITY - ST - ZIP	MIAMI FL 33174	
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		
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:

Roberto Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03

786-355-2431

Daytime Phone #

02-26-2003 90133 007 450.00

P00000095205

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION

03 MAR -5 PM 7:09



DO NOT WRITE IN THIS SPACE

CR2004/10/001