

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095205

1. Entity Name

AMERICAN RENTAL MEDICAL SUPPLIES, CORP.

2/26/2003-90133-007-\$450.00-\$450.00

FILED

03 MAR 05 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 St
Suite, Apt. #, etc.

3. Mailing Address
1005 SW 8th St
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33130
Country
DADE

City & State
Miami FL
Zip
33130
Country
DADE

4. FEI Number
651046699

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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
Roberto Rojas Jr
Street Address (P.O. Box Number is Not Acceptable)
10952 SW 4th St #B
City
Miami FL Zip Code
33174

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roberto Rojas 10952 SW 4th St #B Miami FL 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

Roberto Rojas 2/24/03 786-355-2431

Daytime Phone #

CP2E034 (10/00)