

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90252 018 ***150.00

DOCUMENT #

1. Entity Name

*Md S International Medical
 Equipment, Inc.*

Principal Place of Business

Mailing Address

*12770 WEST DIXIE HWY
 NORTH MIAMI-FLA 33161*

2. Principal Place of Business

12770 WEST DIXIE HWY

3. Mailing Address

*4199 S.W. 142 AVE MIAMI-FLA
 33175*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

NORTH MIAMI, FLA 33161

City & State

MIAMI-FLA

4. FEI Number

65-1061803

Applied For

Not Applicable

Zip

Country

33161

Zip

Country

33175

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

A0074583

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*MIRTHA DARDOMPRAY
 4199 S.W. 142 AVE.
 MIAMI-FLA 33175*

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.

N/A

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME *MIRTHA DARDOMPRAY*
 STREET ADDRESS *4199 S.W. 142 AVE MIAMI-FLA 33175*
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME *SERGE DARDOMPRAY*
 STREET ADDRESS *4199 S.W. 142 AVE MIAMI-FLA 33175*
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Dardompray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01 (305) 220-3532

Date

Daytime Phone #

CR2E034 (11/00)

(Miami), 4-24-01 Attachment
DPR000011765

I'm sending the check for \$150.00 for my corporation M+S International Medical Equipments, Inc. filed on November 30, 2000. Assigned document number is P00000111765.

I did not receive the application for year 2001, this is the reason I'm sending the check for \$150.00. I don't want to be late.

I'm the president of the Corp. MIRTHA DARDONPRAY. I have to fill some paper please send to my address.

Thank you

Dardonprays
my phone/fax is (305) 220-3532



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 10, 2001

M&S INTERNATIONAL MEDICAL EQUIPMENT INC.
M. DARDOMPRAY
4199 S.W. 142 AVE
MIAMI, FL 33175

SUBJECT: M&S INTERNATIONAL MEDICAL EQUIPMENT INC.
Ref. Number: P0000011765

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner
Senior Section Administrator

Letter Number: 601A00028220

Attachment
DH#P0000011765
A0074593