

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

02-24-2002 90005 012 ***150.00

DOCUMENT # **P01000019454**

1. Entity Name
~~FUTURE DURABLE MEDICAL EQUIPMENT AND PHARMACY IN~~
C. Belief Medical Center inc *N/C*

Principal Place of Business Mailing Address
2380 SW 80 COURT **2380 SW 80 COURT**
MIAMI FL 33155 **MIAMI FL 33155**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4517 Palm Avenue **4517 Palm Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suit 105-106 **Suit 105-106**
City & State City & State
Healath Fla **Healath, FL**
Zip Country Zip Country
33012 **33012**

4. FEI Number Applied For
65-1076823 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MONTE DE OCA, SANDRA
10331 SW 54 STREET
MIAMI FL 33165

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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 MONTE DE OCA, SANDRA 2380 SW 80 COURT MIAMI FL 33155 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRAVAS, YAQUELINE 8861 FOUNTAINBLEAU BLVD APT 105 MIAMI FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, XOMARA 2380 SW 80 COURT MIAMI FL 33155 <input checked="" 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	<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	(P) COSSETTE JIMENEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4517 Palm Ave Suit 105-106 Healath, FL 33012
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)