

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90179 041 ***158.75

0263366 AV

DOCUMENT # P01000058205

1. Entity Name

CENTRAL MEDICAL EQUIPMENT SUPPLY, INC.



Principal Place of Business

**4701 SW 75 AVENUE
MIAMI FL 33155**

Mailing Address

**4701 SW 75 AVENUE
MIAMI FL 33155**

2. Principal Place of Business

4660 S.W. 74 Ave

3. Mailing Address

4660 S.W. 74 Ave

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

Zip

33155

Country

Zip

33155

Country

4. FEI Number

65-1118982

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALLAVA, JOSE ANTONIO
1701 SW 75 AVENUE
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

**CALLAVA, JOSE ANTONIO
Street Address (P.O. Box Number is Not Acceptable)
9587 S.W. 4 Lane**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

CALLAVA JOSE ANTONIO

3/18/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **VALDES, ZOILA MARIA**
STREET ADDRESS **4701 SW 75 AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VP** ☐ Delete
NAME **CALLAVA, JOSE ANTONIO**
STREET ADDRESS **4701 SW 75 AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **T** ☒ Delete
NAME **LOPEZ, PEDRO F**
STREET ADDRESS **4701 SW 75 AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Change ☐ Addition
NAME **CALLAVA JOSE ANTONIO**
STREET ADDRESS **9587 S.W 4 Lane**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **VP** ☐ Change ☐ Addition
NAME **NINO ROLANDO**
STREET ADDRESS **8231 NW 11 STREET**
CITY-ST-ZIP **PENARROQUE PINES, FL 33024**

TITLE **T** ☐ Change ☐ Addition
NAME **VALDES ZOILA MARIA**
STREET ADDRESS **9587 S.W. 4 Lane**
CITY-ST-ZIP **MIAMI FL 33174**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] CALLAVA JOSE ANTONIO PRESIDENT 3/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)