

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90707 004 \*\*\*150.00

DOCUMENT # **20100006760**  
1. Entity Name **OCEAN MEDICAL EQUIPMENT  
& RENTAL CORP.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1751 W. 38TH PLACE</b> Suite, Apt. #, etc. <b>NO 1007A</b> City & State <b>MIAMI, FLA.</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>65-4119967</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **VICTOR H. RAMS.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5840 W. FLAGLER STREET**  
**SUITE 1.**  
City **MIAMI** FL **33144**

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

Signature, typed or printed name of registered agent, and fee # 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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 <b>PRESIDENT</b> <b>JORGE PERAZA</b> <b>1000 S W 96 AVE</b> <b>MIAMI, FLA, 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

TELETYPE

Attachment  
Internal Revenue Service

001

Accounts Management Division I  
Branch H - Teletin Unit  
Stop 751  
PO Box 47421  
Chamblee, GA 30362  
Phone 678-530-7234/7235  
FAX 678-530-6156

869197

# PO 000067680

Date: July 23, 2001

Employee Identification: 0716933154

TO:	JORGE PELAEZ		FAX:	305-822-4703
FROM:	Accounts Management Division I Teletin Unit	Pages:	1	
Company Name	OCEAN MEDICAL EQUIP RENTAL CORP	Employer ID #	65-1119967	
Company Name		Employer ID #		
Company Name		Employer ID #		
Company Name		Employer ID #		
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Company Name		Employer ID #		
Company Name		Employer ID #		
Company Name		Employer ID #		

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the communication via fax at the number given. Thank you.



Attachment

869197

# P01000067680

APRIL 29, 2002

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
BOX 1500  
TALLAHASSEE, FLORIDA  
32302-1500

WE ENCLOSE THE ATTACHED FEE OF \$150.00. FOR:

OCEAN MEDICAL EQUIPMENT RENTAL CORP.  
1751 W. 38th PLACE NO. 1007A  
HIALEAH, FLA. 33012  
TEL 305-512-3970  
FAX 305-556-3360

FED. TAX ID NO. 65-111-9967

RESIDENT AGENT  
MR. VICTOR H. RAMS  
ATTORNEY AT LAW  
5840 W. FLAGLER STREET  
SUITE 1  
MIAMI, FLA. 33144

TEL 305-261-5553  
FAX 305-261-3578

THANKS,

JORGE PELAEZ  
PRESIDENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 24, 2002

OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.  
1751 WEST 8TH PLACE NO. 1007A  
HIALEAH, FL 33012

SUBJECT: OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.  
Ref. Number: P01000067680

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) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 202A00033828

Attachment

5/24/02 CORPORATE DETAIL RECORD SCREEN 2:49 PM  
NUM: P01000067680 ST:FL ACTIVE/FL PROFIT FLD: 07/10/2001  
NAME : OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.  
PRINCIPAL: 1751 WEST 8TH PLACE NO. 1067A  
ADDRESS HIALEAH, FL 33012  
RA NAME : SOTO, LUIS  
RA ADDR : 3810 WEST 11TH AVENUE  
HIALEAH, FL 33012  
ANN REP : \* NONE FILED \*

869197

#P01000067680

5/24/02 OFFICER/DIRECTOR DETAIL SCREEN 2:49 PM  
CORP NUMBER: P01000067680 CORP NAME: OCEAN MEDICAL EQUIPMENT & RENTAL, CORP.  
TITLE: PD NAME: PELAEZ, JORGE  
1000 SW 96TH AVE.  
MIAMI, FL 33174