

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90042 040 ***150.00

DOCUMENT # P01000075195

1. Entity Name

ALL FLORIDA RESPIRATORY SUPPLY INC.

Principal Place of Business

**6111 WEST 24TH COURT
 #106
 HIALEAH FL 33016**

Mailing Address

**6111 WEST 24TH COURT
 #106
 HIALEAH FL 33016**

2. Principal Place of Business

19553 NW 2 AVE

Suite, Apt. #, etc.

SUITE # 201

City & State

MIAMI, FLORIDA

Zip

33169

Country

MIAMI-DADE

3. Mailing Address

19553 NW 2 AVE

Suite, Apt. #, etc.

SUITE # 201

City & State

MIAMI, FLORIDA

Zip

33169

Country

MIAMI-DADE

952311



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1126802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, OLGA L
 6111 WEST 24TH COURT
 #106
 HIALEAH FL 33016**

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

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, 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 **PD** ☐ Delete
 NAME **TORRES, OLGA L**
 STREET ADDRESS **6111 WEST 24TH COURT #106**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

04/16/02

Date

(305) 652-5352

Daytime Phone #

CR2E034 (9/01)