

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

FILED
May 10, 2004 8:00 am
Secretary of State

DOCUMENT # 901000079843
1. Entity Name
OLIMPU5 RENTAL MEDICAL EQUIPMENT INC

05-04-2004 90205 042 ***150.00
05-10-2004 90462 042 ***150.00

DO NOT WRITE IN THIS SPACE

24073909

2. Principal Place of Business
1399 N.W. 17TH AVE.
Suite, Apt. #, etc. 306 A
City & State MIAMI FL
Zip 33125 Country DADE

3. Mailing Address
1399 N.W. 17TH AVE.
Suite, Apt. #, etc. 306 A
City & State MIAMI-FL
Zip 33125 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1132625 Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROQUE JORGE L.
Street Address (P.O. Box Number is Not Acceptable)
1173 N.W. 11 ST. RD
City MIAMI FL Zip Code 33136

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)
Signature, typed or printed name of registered agent and title if applicable 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 \$350.00
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	<u>ROQUE JORGE L.</u> <u>1173 N.W. 11 ST RD</u> <u>MIAMI FL 33136</u>	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 #

4/28/04 1/86/229.0712