

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93648 039 \*\*\*150.00

**DOCUMENT # P01000086356**

**1. Entity Name**  
**CH MEDICAL EQUIPMENT, INC.**

**Principal Place of Business**

**5901 NW 151 STREET #222**  
**MIAMI LAKES FL 33014**

**Mailing Address**

**5901 NW 151 STREET #222**  
**MIAMI LAKES FL 33014**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**City & State**

**4. FEI Number**

**05-1130743**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**  
**Fee Required**

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

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

**RODRIGUEZ, DANIEL**  
**5901 NW 151 STREET #222**  
**MIAMI LAKES FL 33014**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**RODRIGUEZ, DANIEL**  
**5901 NW 151 STREET #222**  
**MIAMI LAKES FL 33014**  
☐ Delete

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

0138608 AV

CR2E034 (9/01)