

2002 UNIFORM BUSINESS REPORT (UBR)

0132982 AV

DOCUMENT #

PO1000093110

1. Entity Name

BEST VALUE MEDICAL EQUIPMENT INC.

Principal Place of Business

Mailing Address

1790 West 49th St. # 305-15
Hialeah, Fl. 33012

FILED

02 SEP 17 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1790 W. 49th St.

1790 W. 49th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305-15

305-15

City & State

City & State

Hialeah

Hialeah

Zip

Country

33012

Miami-Dade

Zip

Country

33012

Miami-Dade

4. FEI Number

65-1139237

Applied For

Not Applicable

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

Juan C. Perez
19141 NW 57th Ct.
Miami, Fl. 33015

Name: Juan C. Perez

Street Address (P.O. Box Number is Not Acceptable)
19141 NW 57th Ct.

City: Miami

FL

Zip Code
33015

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)

(If not 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 PD
NAME Juan C. Perez
STREET ADDRESS 19141 NW 57th Ct.
CITY-ST-ZIP Miami, Fl. 33015 ☐ Delete

TITLE
NAME 300008018183-4 ☐ Change ☐ Addition
STREET ADDRESS -09/25/02--01058--004
CITY-ST-ZIP *****150.00 *****150.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Juan Perez, Pres

Juan Perez, Pres

9/13/02 825-3557

CR2E034 (9/01)

BEST VALUE MEDICAL EQUIPMENT, INC.

1790 West 49th St., Suite 305-15 * Hialeah, Florida 33012
Telephone: 305-803-6673

202

September 13, 2002

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: P01000093110

Dear Sir or Madam:


This is to inform you that our corporation has not been operating since its inception on September 2001. We are now in the process to commence our business since all of the required licenses and permits are now in place. Therefore, we visited our accountant, who informed me that the annual report has not been paid. Please be advised that we have no knowledge or record of receiving such report. In addition, since this is a new business, we were not aware that this report was due and payable on or before the 30th of April.

Therefore, upon calling your office this morning, we were advise to send in \$150.00 for payment of the annual report, and hereby request, that the penalty for this year be waived under the circumstances explained above.

Please advise us of your final decision.

Thank you for your assistance and cooperation with this matter.

Sincerely,


Juan Perez
President