

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90183 036 \*\*\*150.00

DOCUMENT # *P02000007875*

1. Entity Name

*Atlas Medical Equipment Service Inc*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1117 W. Okeechobee Rd*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

*132*

Suite, Apt. #, etc.

City & State

*Healerh FL*

City & State

Zip

*33018*

Country

*USA*

Country

4. FEI Number

*01-0584222*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Raul J. Lopez*

Street Address (P.O. Box Number is Not Acceptable)

*3051 SW. 21<sup>st</sup> Ten*

City

*Miami*

FL

Zip Code

*33145*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

*Raul J. Lopez*

*3-7-03*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME

*DPSTV Lopez Raul J.*

STREET ADDRESS  
CITY - ST - ZIP

*3051 SW. 21<sup>st</sup> Ten  
Miami FL 33145*

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/7/03 305 817 9408*

CR2E034B (12/02)