

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90357 032 ***150.00

DOCUMENT # P02000030750

1. Entity Name
STAT MEDICAL EQUIPMENT AND SUPPLES OF CENTRAL FLORIDA, INC.



Principal Place of Business
724 N JOHN YOUNG PKWY
KISSIMMEE FL 34743

Mailing Address
724 N JOHN YOUNG PKWY
KISSIMMEE FL 34743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0654579

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

VELEZ, EDISON D
2622 CHATHAM CIR
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name Carmen Y Melendez
Street Address (P.O. Box Number is Not Acceptable)
2601 Springhill Dr
City Kissimmee **FL** **Zip Code** 34743

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 *Carmen Y Melendez*

3-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
PRESIDENT	Carmen Y Melendez	
STREET ADDRESS	2601 Springhill Dr.	
CITY-ST-ZIP	Kissimmee, Florida 34743	
TITLE	NAME	<input type="checkbox"/> Delete
V.P.	Jessica Rosario	
STREET ADDRESS	3497 White Aiken Ct.	
CITY-ST-ZIP	Kissimmee, Florida 34741	
TITLE	NAME	<input type="checkbox"/> Delete
TREASURER	Luis Torres	
STREET ADDRESS	2601 Springhill Dr.	
CITY-ST-ZIP	Kissimmee, Florida 34743	
TITLE	NAME	<input type="checkbox"/> Delete
SECRETARY	Felipe Collazo	
STREET ADDRESS	3497 White Aiken Ct.	
CITY-ST-ZIP	Kissimmee, Florida 34741	
TITLE	NAME	<input type="checkbox"/> Delete
TITLE	NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT	Carmen Y Melendez	
STREET ADDRESS	2601 Springhill Dr.	
CITY-ST-ZIP	Kissimmee, Florida 34743	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V.P.	Jessica Rosario	
STREET ADDRESS	3497 White Aiken Ct.	
CITY-ST-ZIP	Kissimmee, Florida 34741	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER	Luis Torres	
STREET ADDRESS	2601 Springhill Dr.	
CITY-ST-ZIP	Kissimmee, Florida 34743	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY	Felipe Collazo	
STREET ADDRESS	3497 White Aiken Ct.	
CITY-ST-ZIP	Kissimmee, Florida 34741	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carmen Y Melendez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-03 (407) 518-0096
Date Daytime Phone #

CR2E034 (10/02)