

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-22-2004 90041 047 ***150.00

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03182004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000081768

1. Entity Name
DOTS MEDICAL SUPPLY EQUIPMENT & RENTAL INC.



Principal Place of Business
**1671 WEST 38TH PLACE
SUITE 1408
HIALEAH, FL 33012**

Mailing Address
**1671 WEST 38TH PLACE
SUITE 1408
HIALEAH, FL 33012**

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
APPLIED FOR 51-0420395 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

**RAMS, VICTOR H
5840 W FLAGLER ST
SUITE 1
MIAMI, FL 33144**

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

SIGNATURE

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, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PELAZ, DIANA
1000 S W 96TH AVENUE
MIAMI, FL 33174** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PELAZ, JORGE
1000 SW 96 AVE
MIAMI, FL 33174** ☐ Delete

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

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CITY-ST-ZIP
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☐ Change ☐ 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.

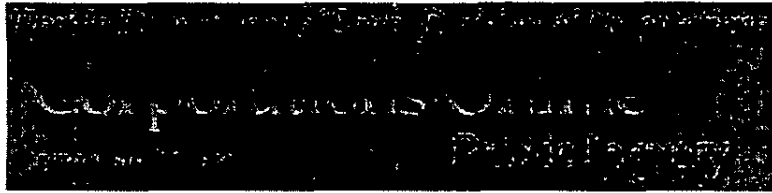
SIGNATURE:

Jorge Pelaz, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 3058210306
Date Daytime Phone #

51-0420395

*Attachment*160409007
P02000081768

Florida Profit**DOTS MEDICAL SUPPLY EQUIPMENT & RENTAL INC.**

PRINCIPAL ADDRESS1671 WEST 38TH PLACE
SUITE 1408
HIALEAH FL 33012

MAILING ADDRESS1671 WEST 38TH PLACE
SUITE 1408
HIALEAH FL 33012

Document Number
P02000081768**FEI Number**
APPLIED**Date Filed**
07/29/2002**State**
FL**Status**
ACTIVE**Effective Date**
NONE**Last Event**
REINSTATEMENT**Event Date Filed**
12/09/2003**Event Effective Date**
NONE

Registered Agent

Name & Address
RAMS, VICTOR H 5840 W FLAGLER ST SUITE 1 MIAMI FL 33144

Officer/Director Detail

Name & Address	Title
PELAEZ, DIANA 1000 S W 96TH AVENUE MIAMI FL 33174	S
PELAEZ, JORGE 1000 SW 96 AVE MIAMI FL 33174	P

60409607
#P02000081768

Annual Reports

Report Year	Filed Date
2003	12/09/2003

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No Name History Information

Document Images

Listed below are the images available for this filing.

12/09/2003 -- REINSTATEMENT
07/29/2002 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Registry](#)[Corporations Help](#)

Attachment

Mr. & Mrs. Jorge Pelaez
1000 S. W. 96 AVENUE • MIAMI, FLORIDA 33174

66409607
#P02000081768

MARCH 18, 2004

FLA. DPT. OF STATE
BOX 1500
TALLAHASSEE, FLA. 32302-1500

PAYMENT ATTACHED \$150.00. FOR DOTS MEDICAL EQUIP. & RENTAL.

THANKS,

JORGE PELAEZ
JP/ag