

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0143231 AV

DOCUMENT # P02000081768

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



FILED

03 DEC -9 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. FEI Number ☐ 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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PELAEZ, DIANA	
STREET ADDRESS	1000 S W 96TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DIANA PELAEZ	
STREET ADDRESS	1000 S W 96TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JORGE PELAEZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 S W 96TH AVENUE	
STREET ADDRESS	MIAMI FL 33174	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100024863514	
STREET ADDRESS	11/19/03--01063--025 **\$50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2/17/03 90249 037 150.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400024863514	
STREET ADDRESS	12/09/03--01019--003 **\$50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-03-3058210306

Date

Daytime Phone #

CR2E034 (10/02)