

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

FILED

03 SEP 25 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085559

1. Entity Name

Premiere Durable Medical Equipment, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6802 NW 77 AVENUE

3. Mailing Address  
10397 SW 88 TH STREET

Suite, Apt. #, etc.  
307

Suite, Apt. #, etc.  
W-8

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33166

Country

Zip  
33176

Country

4. FEI Number 51-0419233

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name PITA, LISSET

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

6802 NW 77 AVE., STE 307

City MIAMI

FL Zip Code 33166

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

(NOTE: Registered Agent signature required when reinstating)

09-23-03

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 PST  
STREET ADDRESS PITA, LISSET  
CITY-ST-ZIP 6802 NW 77 AVE, STE 307 Miami, FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200023549652  
10/03/03--01081--007 \*\*\*450.00

TITLE  
NAME V  
STREET ADDRESS ESCOBEDO, JAEI  
CITY-ST-ZIP 6802 NW 77 AVE, STE 307 Miami, FL 33166

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**DO NOT WRITE  
IN THIS SPACE**

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:

*L. Pita*

Lisset Pita

09/23/2003

305-265-9897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/9/25

# **PREMIERE DURABLE MEDICAL EQUIPMENT, INC.**

**TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

**TO WHOM IT MAY CONCERN:**

**AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.**

**I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.**

**THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.**

**CORDIALLY,**



**LISSET PITA  
PRESIDENT**