

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90033 007 ***150.00

DOCUMENT # P02000104769

1. Entity Name
R & R MEDICAL EQUIPMENT & SUPPLIES, INC.



Principal Place of Business
**8805 NW 168TH ST.
MIAMI LAKES FL 33018**

Mailing Address
**8805 NW 168TH ST.
MIAMI LAKES FL 33018**

2. Principal Place of Business

15321 N.W. 60 Avenue

3. Mailing Address

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State
Miami Lakes, FL

Zip Country
33014 Miami Dade

4. FEI Number
81-0572293

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

7. Name and Address of New Registered Agent

**RAMIREZ, MARIA S
8805 NW 168TH ST.
MIAMI LAKES FL 33018**

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 **PD** ☐ Delete
NAME **RAMIREZ, ERNESTO**
STREET ADDRESS **8805 NW 168TH ST.**
CITY-ST-ZIP **MIAMI LAKES FL 33018**

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

TITLE **VD** ☐ Delete
NAME **RODRIGUEZ, CARLOS A**
STREET ADDRESS **3845 W. 10TH DR.**
CITY-ST-ZIP **HALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: SIK@RAMIREZ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

(305) 557-1999

Daytime Phone #

CR2E034 (10/02)