


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90343 016 \*\*\*150.00

<b>DOCUMENT # P02000109570</b>	
1. Entity Name <b>M.A. CARE MEDICAL EQUIPMENT, CORP.</b>	

Principal Place of Business <b>7600 WEST 20TH AVE SUITE 223-A HIALEAH, FL 33016</b>	Mailing Address <b>7600 WEST 20TH AVE SUITE 223-A HIALEAH, FL 33016</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**JUL142483**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>01-0747110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>BENITEZ, MARIA 7600 WEST 20TH AVE ROOM A HIALEAH, FL 33016</b>	

7. Name and Address of New Registered Agent	
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 <i>[Signature]</i> 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. <input type="checkbox"/> <b>\$5.00</b> 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	PD BENITEZ, MARIA 7600 WEST 20TH AVE, ROOM A HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(1), 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]* **7/9/03** **305/364-3699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90142485

P 02000109570

**M.A. CARE MEDICAL EQUIPMENT, CORP**  
**7600 WEST 20<sup>TH</sup> AVENUE**  
**SUITE # 223-A**  
**HIALEAH, FLORIDA 33016**  
**305/364-3699**

**FLORIDA DEPT OF REVENUE**  
**UNIFORM BUSINESS REPORT FILINGS**  
**P.O. BOX 1500**  
**TALAHASSEE, FL 32302-1500**

**July 9, 2003**

**REF: P02000109570**  
**RENEWAL**

**To whom it may concern:**

**Please be advised that I opened my corporation on Oct. 2002. I was never advised that the corporation had to be renewed in January of 2003.**

**I never received any notification from the State of a renewal report.**

**I am herewith enclosing my annual report along with \$ 150.00 and do hope that you will waive any additional penalties since I did not receive any renewal form.**

**If any other information is needed please let me know.**

**Thank you and best regards,**

*Maria Benitez*

**Maria Benitez**  
**President**