

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90066 047 ***150.00

DOCUMENT # P02000120264

1. Entity Name
EAST COAST RESPIRATORY EQUIPMENT INC.



Principal Place of Business
13149 NW 10TH LANE
MIAMI FL 33182

Mailing Address
13149 NW 10TH LANE
MIAMI FL 33182

2. Principal Place of Business

2314 West 80 Street

Suite, Apt. #, etc.

Bay 2

City & State
Hialeah, FL

Zip
33016

Country
USA

3. Mailing Address

2314 West 80 Street

Suite, Apt. #, etc.

Bay 2

City & State
Hialeah, FL

Zip
33016

Country
USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

82-0586611

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTALES, GARY A
2151 LEJEUNE ROAD, SUITE 200
CORAL GABLES FL 33134

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

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

TITLE
P
NAME
MARTINEZ, RHEA P
STREET ADDRESS
13149 NW 10TH LANE
CITY-ST-ZIP
MIAMI FL 33182

☐ **Delete**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Rhea P Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 (305) 557-5056
Date Daytime Phone #

CR2E034 (10/02)