

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 11, 2000 8:00 am  
Secretary of State

08-11-2000 90053 041 \*\*\*150.00

DOCUMENT # P93000002452

1. Entity Name

CARIBBEAN MEDICAL EQUIPMENT, INC.

f

Principal Place of Business

7770 WILES ROAD  
CORAL SPRINGS FL 33067  
US

Mailing Address

7770 WILES ROAD  
CORAL SPRINGS FL 33067  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0381957

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

GUTIERREZ, JUAN B  
7770 WILES ROAD  
CORAL SPRINGS FL 33067

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GUTIERREZ, JUAN B  
7770 WILES ROAD  
CORAL SPRINGS FL 33067

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GUTIERREZ, DULCE  
7770 WILES ROAD  
CORAL SPRINGS FL 33067

☐ Delete

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

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CITY - ST - ZIP  
☐ Change ☐ Addition

13. 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 11 or Block 12 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

08-08-2000 (954) 796-1212

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DH # 1930002452  
DW 8383

SUBJ: 2000 UNIFORM BUSINESS REPORT

DATE: 08/08/2000

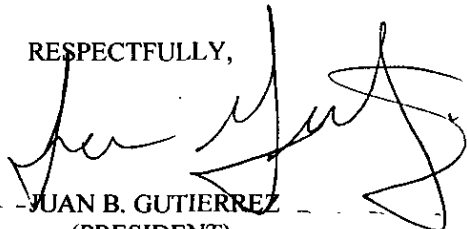
FROM: CARIBBEAN MEDICAL EQUIPMENT, INC.

TO: FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY CONCERN:

DEAR MADAM OR SIR, I DID NOT RECEIVE THE FIRST NOTICE OF THE 2000 UBR, FOR REASON BEYOND MY CONTROL. TODAY I SPOKE TO ONE OF YOUR AGENTS AT (850) 488-9000 AND EXPLAINED MY DILEMMA, HE INFORMED ME TO WRITE THIS LETTER EXPLAINING WHAT HAD HAPPEND AND TO INCLUDE THE TOTAL AMOUNT OF \$150.00 ORIGINAL FEE. WE WILL MONITOR OUR MAIL MORE CLOSELY TO INSURE INCIDENTS LIKE THIS ONE NOT TO HAPPEN AGAIN, IF IT WAS OUR MAIL ROOM FAULT.

RESPECTFULLY,



JUAN B. GUTIERREZ  
(PRESIDENT)