2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
09-11-2000 90060 033 ***550.00

DOCUMENT # P93000015691

1. Entity Name
V & P MEDICAL RENTAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
3426 S.W. 8TH STREET MIAMI FL 33135 US	3426 S.W. 8TH STREET MIAMI FL 33135 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1152 SW 8 ST.#A	1152 SW 8 ST.#A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33130 / Country:	Zip: 33130 / Country:

4. FEI Number 65-0391911 ☐ 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
AGUILAR, RICARDO 200 S.W. 113 AVE., A-107 MIAMI FL 33174	Name: ALEXANDER DELGADO Street Address (P.O. Box Number is Not Acceptable): 612 WEST 17 ST. City: HIALEAH FL Zip Code: 33010

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] ALEXANDER DELGADO RA. 9-7-00
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	P AGUILAR, RICARDO 200 S.W. 113 AVE., A-107 MIAMI FL 33174	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, ALEXANDER 612 WEST 17 ST. HIALEAH, FL. 33010	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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: ALEXANDER DELGADO PRESIDENT [signature] 9-7-00 (305) 856-0742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #