

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018917

1. Entity Name

BECO DURABLE MEDICAL EQUIPMENT, INC.

FILED

Jan 13, 2000 8:00 am  
Secretary of State

01-13-2000 90023 040 \*\*\*150.00

Principal Place of Business	Mailing Address
% OCARIS FERNANDEZ 175 FOUNTAINEBLEAU BLVD., STE 2J1 MIAMI FL 33172 US	% OCARIS FERNANDEZ 175 FOUNTAINEBLEAU BLVD., STE 2J1 MIAMI FL 33172-4511 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	65-0392641	Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, OCARIS 175 FOUNTAINEBLEAU BLVD., STE 2J1 MIAMI FL 33172	Name <i>Fernandez OCARIS</i> Street Address (P.O. Box Number is Not Acceptable) <i>175 Fontainebleau Blvd suite 251</i> City <i>Miami</i> FL Zip Code <i>33172</i>

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 \_\_\_\_\_ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PD RAMIREZ, ORLANDO 10240 SW 4 STREET MIAMI FL 33174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fernandez OCARIS 175 FOUNTAINEBLEAU BLVD STE 251 Miami FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>OCARIS FERNANDEZ</i> <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

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: *OCARIS FERNANDEZ* 01/06/00 (305) 220 5726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)