

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90063 024 ***150.00

DOCUMENT # P93000018917

1. Entity Name

BECO DURABLE MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

% OCARIS FERNANDEZ
 175 FOUNTAINBLEAU BLVD., STE 2JI
 MIAMI FL 33172
 US

% OCARIS FERNANDEZ
 175 FOUNTAINBLEAU BLVD., STE 2JI
 MIAMI FL 33172
 US

504110



2. Principal Place of Business

3. Mailing Address

3251 NW 7th St.
 Suite, Apt. #, etc.

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 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Miami, FL
 Zip
 33125
 Country
 USA

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 Miami, FL
 Zip
 33125
 Country
 USA

4. FEI Number 65-0392641

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

FERNANDEZ, OCARIS
 175 FOUNTAINBLEAU BLVD. STE 2JI
 MIAMI FL 33172

Name
 Lazara Flores
 Street Address (P.O. Box Number is Not Acceptable)
 3251 NW 7th Street
 City
 Miami FL Zip Code
 33125

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD FLORES, LAZARA R 175 FOUNTAINBLEAU BLVD. STE 2JI MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01 (305) 649 3131
 Date Daytime Phone #

CR2E034 (10/00)