

2000 UNIFORM BUSINESS REPORT (UBR)

5/22/00-90132-049-\$150.00-\$150.00

DOCUMENT # P93000028153

1. Entity Name

NEW LIFE RENTAL MEDICAL EQUIPMENT, INC.

Principal Place of Business

7641 PINES BLVD.
PEMBROKE PINES FL 33024

CHANGE

Mailing Address

7641 PINES BLVD - CHANGE,
STE 600
PEMBROKE PINES FL 33024-6912
US

2. Principal Place of Business

7613 Pines Blvd
Suite, Apt. #, etc.
Pembroke Pines

City & State
Pembroke Pines FL

Zip
33024

Country
U.S.A.

3. Mailing Address

8362 Pines Blvd.
Suite, Apt. #, etc.
235

City & State
Pembroke Pines FL

Zip
33024

Country
U.S.A.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 SEP 28 AM 6:24



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0401044

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEVES, DIEGO H
7641 PINES BLVD.
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name LUZ STELLA NIEVES

Street Address (P.O. Box Number is Not Acceptable)

7613 Pines Blvd

City PEMBROKE PINES FL

Zip Code 33024

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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME NIEVES, DIEGO H
STREET ADDRESS 7641 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☒ Delete

TITLE VSD
NAME NIEVES, LUZ E.
STREET ADDRESS 7641 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JULIO E. MARTINEZ - Treasurer ☐ Change ☒ Addition
NAME
STREET ADDRESS 7613 Pines Blvd
CITY-ST-ZIP Pembroke Pines FL 33024

TITLE PD
NAME NIEVES, LUZ E.
STREET ADDRESS 7613 Pines Blvd
CITY-ST-ZIP Pembroke Pines FL 33024 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 19.07(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

4/26/00

Date

9621077

Daytime Phone #

CR2E034 (9/99)



**New Life Rental
Medical Equipment, Inc.**

7613 Pines Blvd., Pembroke Pines, FL 33024

Phone (954) 962-1077

Beeper (954) 7134798 • Fax (954) 962-2107

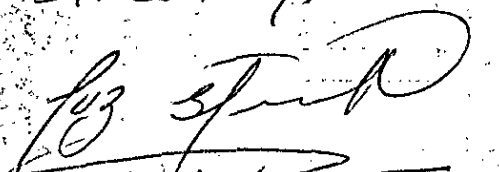
TO WHOM IT MAY CONCERN:

REFERENCE NUMBER P93000028153

Because of my change address
I received your notification on
September 20/00. For this information.

BECAUSE OF THIS CHANGE, I WOULD
LIKE TO WAIVE THE REINSTATEMENT
FEES.00 FOR THE

Sincerely,


Luz Stella Nieves

**NEW LIFE RENTAL
MEDICAL EQUIPMENT INC.**
7613 PINES BLVD.
PEMBROKE PINES, FL 33024