

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034342

1. Entity Name

A & V DURABLE MEDICAL EQUIPMENT, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90058 049 ***158.75

0100860

Principal Place of Business

11117 W OKEECHOBEE RD
STE 101
HIALEAH FL 33016
US

Mailing Address

11117 W OKEECHOBEE RD
STE 101
HIALEAH GARDENS FL 33016
US

2. Principal Place of Business

2464 W 80 st
Suite, Apt. #, etc.
#3

3. Mailing Address

2464 W 80 st
Suite, Apt. #, etc.
#3



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-0408894

Applied For

Not Applicable

Zip

33016

Country

Miami-Dade

Zip

33016

Country

Miami-Dade

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIERA, MARTHA
7302 WEST 34 AVE
HIALEAH FL 33018

7. Name and Address of New Registered Agent

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 \$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

TITLE ☐ Delete
NAME D
STREET ADDRESS VIERA, MARTHA
CITY-ST-ZIP 7302 W. 34 AVENUE
HIALEAH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS VIERA, LUIS
CITY-ST-ZIP 7302 W 34 AVENUE
HIALEAH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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

3/15/01 (305) 828-8283
Date Daytime Phone #

CR2E034 (10/00)