

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049891

1. Entity Name

ROCHELLE MEDICAL EQUIPMENT AND SUPPLIES, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90150 028 \*\*\*150.00

Principal Place of Business

3550 BISCAYNE BOVD  
#210  
MIAMI FL 33137  
US

Mailing Address

3550 BISCAYNE BLVD  
210  
MIAMI FL 33137-3833  
US

2. Principal Place of Business

2409 Biscayne Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2409 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0434554

Applied For

Not Applicable

Zip  
33137

Country

Miami Dade

Zip  
33137

Country

Miami Dade

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

LOPEZ, LUCIA  
3550 BISCAYNE BLVD  
#210  
MIAMI FL 33137

Name LOPEZ, LUCIA

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

2409 Biscayne Blvd.

City Mismi Beach

FL

Zip Code  
33137

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME LOPEZ, LUCIA  
STREET ADDRESS 3550 BISCAYNE BLVD #201  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2409 Biscayne Blvd.  
CITY-ST-ZIP Miami Florida

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Lucia Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucia Lopez

4/22/00 305-

Date

Daytime Phone #

CR2E034 (9/99)