

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052717

1. Entity Name

INTEGRA MEDICAL EQUIPMENT, CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90298 021 ***150.00

Principal Place of Business

14025 SW 142ND AVENUE
MIAMI FL 33186
US

Mailing Address

14025 SW 142ND AVENUE
MIAMI FL 33186-6756
US

2. Principal Place of Business

INTEGRA MEDICAL EQUIPMENT

3. Mailing Address

INTEGRA MEDICAL EQUIPMENT

Suite, Apt. #, etc.

1179 WEST 29 ST #11

Suite, Apt. #, etc.

1179 WEST 29 ST #11

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Zip

33012

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0425849

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, ARMANDO
1840 WEST 49TH STREET
SUITE 714
HIALEAH FL 33012

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, 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	D	<input type="checkbox"/> Delete
NAME	GUTIERREZ, ARMANDO	
STREET ADDRESS	6215 W. 20 AVE., # 324	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000 (305) 819-0000
Date Daytime Phone #

CR2E034 (9/99)