

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056947

1. Entity Name

PROFESSIONAL MEDICAL EQUIPMENT SERVICES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90131 016 ***158.75

Principal Place of Business

6450 S.W. 72ND ST.
 MIAMI FL 33143

Mailing Address

6450 S.W. 72ND ST.
 MIAMI FL 33143-4650

2. Principal Place of Business

6813 SW 81ST

3. Mailing Address

6813 SW 81ST

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

USA

Zip

33143

Country

USA

6. Name and Address of Current Registered Agent

MARTINEZ, DANIEL E
 6450 S.W. 72ND ST.
 MIAMI FL 33143

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 PD ☐ Delete
 NAME MARTINEZ, DANIEL E
 STREET ADDRESS 6450 S.W. 72ND ST.
 CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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
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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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 305-665-9336

CR2E034 (9/99)