

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90007 027 ***150.00

0046516 AV

DOCUMENT # P93000080321

1. Entity Name
MEDIQUIP SERVICES, CORP.

Principal Place of Business
6741 S.W. 24 STREET #56
MIAMI FL 33155
US

Mailing Address
6741 S.W. 24 STREET #56
MIAMI FL 33155
US



2. Principal Place of Business
6741 SW 24 street

3. Mailing Address
6741 SW 24 street

Suite, Apt. #, etc.

52-53

Suite, Apt. #, etc.

52-53

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

U.S.

Zip

33155

Country

U.S.

4. FEI Number

65-0450595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEDIQUIP SERVICE CORPORATION

6741 S.W. 24 STREET #56 -> suite 52-53

MIAMI FL 33155

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]

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PS
GONZALEZ, NELSON
1130 S.W. 74TH COURT
MIAMI FL 33144 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
HEREDIA, ODALYS
6445 S.W. 26 STREET
MIAMI FL 33155 ☐ 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
 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
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 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 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-01

Date

(305) 267-3330

Daytime Phone #

CR2E034 (5/01)

Attachment Doc # P930000080381
C6075874

August 17, 2001

To Whom It May Concern:

Please note that we called and spoke to one of your operators and told them of the situation we encountered. We are mailing the original \$150.00 fee due to the fact that our mail was lost. We moved on January 2001 from suite 56 to 52. Our mail was misplaced and just last week we received by luck because a lady from another suite brought it to us. Please help us with this problem and understand that it was out of our hands to have been on time.

Thank you for your help and if you have any questions callus at (305) 267-3330.

Sincerely,


Nelson Gonzalez
President