

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083548

1. Entity Name

EL SHADAI MEDICAL EQUIPMENT, SALES & RENTAL INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90127 016 \*\*\*150.00

Principal Place of Business

5755 WEST FLAGLER STREET  
#205  
MIAMI FL 33144  
US

Mailing Address

5755 WEST FLAGLER STREET  
#205  
MIAMI FL 33144  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0453293

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRIETO, RITA M  
125 S.W. 61ST AVENUE  
MIAMI FL 33144

Name CISNEROS, ALCIBIADES  
Street Address (P.O. Box Number is Not Acceptable)  
5755 WEST FLAGLER ST # 205  
City MIAMI FL Zip Code 33144

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

ALCIBIADES CISNEROS 4/16/0

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME PRIETO, RITA M  
STREET ADDRESS 125 S.W. 61TH AVENUE  
CITY-ST-ZIP MIAMI FL 33144 ☒ Delete

TITLE P/D  
NAME CISNEROS, ALCIBIADES  
STREET ADDRESS 5755 WEST FLAGLER ST # 205  
CITY-ST-ZIP MIAMI, FL 33144 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALCIBIADES CISNEROS 4/16/01 (305) 269-8910

Date

Daytime Phone #

CR2E034 (10/00)