

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000019097**

1. Entity Name

**ALL MEDICAL EQUIPMENT DELIVERED, INC.****FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90029 029 \*\*\*150.00

Principal Place of Business	Mailing Address
801 WEST 49TH ST #219 HIALEAH FL 33012	801 WEST 49TH ST #219 HIALEAH FL 33012-3561

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**C0018472**

DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0473336	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERGEL, SARA 801 W. 49TH STREET SUITE 219 HIALEAH FL 33012	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-1-00 305-823-0434  
Date Daytime Phone #