

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000025103

1. Entity Name

FLORIDA RESPIRATORY MEDICAL EQUIPMENT, INC.

Principal Place of Business

4143 S.W. 74TH COURT
SUITE E
MIAMI FL 33155

Mailing Address

4143 S.W. 74TH COURT
SUITE E
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0479315

Applied For
Not Applicable

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

Montes de Oca, Sandra
4143 S.W. 74TH CT.
SUITE E
MIAMI FL 33155

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, 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 PVST
NAME MONTES DE OCA, SANDRA
STREET ADDRESS 4143 S.W. 74TH COURT
CITY-ST-ZIP MIAMI FL 33155



TITLE D
NAME MONTES DE OCA, SANDRA
STREET ADDRESS 4143 S.W. 74TH COURT
CITY-ST-ZIP MIAMI FL 33155



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



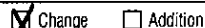
TITLE
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STREET ADDRESS
CITY-ST-ZIP



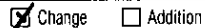
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE PVST
NAME Larralde, Mirella
STREET ADDRESS 4143 SW 74 CT
CITY-ST-ZIP Miami, FL 33155



TITLE D
NAME Larralde, Mirella
STREET ADDRESS 4143 SW 74 CT
CITY-ST-ZIP Miami, FL 33155



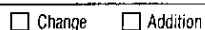
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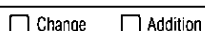
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 305 265 1100

Date

Daytime Phone #

CR2E034 (10/00)