

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039511

1. Entity Name

Inter-Med Equipment Corp.

Principal Place of Business

Mailing Address

7511 NW 73 street suit 114
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

7511 NW 73 street 7511 NW 73 st

Suite, Apt. #, etc.
SUITE 114

Suite, Apt. #, etc.

SUITE 114

City & State
MIAMI

City & State
MIAMI

Zip
FL

Country
33166

Zip
FL

Country
33166

4. FEI Number

650496322

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

JAN -2 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BARBARA PEREZ
3545 SW 128 AVE
MIAMI FL 33175

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 NAME ☐ Delete

President
BARBARA PEREZ
3545 SW 128 AVE
MIAMI FL 33175

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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:

BARBARA PEREZ

01-02-02 605/8831020