

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000048652**

1. Entity Name

MAYOR MEDICAL EQUIPMENT, INC.**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90052 016 ***150.00

Principal Place of Business

Mailing Address

5090 E. 8TH CT.
HIALEAH FL 330135090 E. 8TH CT.
HIALEAH FL 33013-1704

2. Principal Place of Business

4735 PALM AVE

3. Mailing Address

4735 PALM AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

Country

33012 MIAMI-DADE

Zip

Country

33012 MIAMI-DADE

6. Name and Address of Current Registered Agent

IRARRAGORY, MERCEDES A
5090 E. 8TH CT.
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name **REINALDO PEDRAZA**

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

4735 PALM AVE

City

HIALEAH**FL**

Zip Code

33012

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

2/7/009. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ Delete
NAME **IRARRAGORY, MERCEDES A**
STREET ADDRESS **5090 E. 8TH CT.**
CITY-ST-ZIP **HIALEAH FL 33013**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **REINALDO PEDRAZA**
STREET ADDRESS **5090 E. 8 CT.**
CITY-ST-ZIP **HIALEAH, FL 33013**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/7/00

Date

Daytime Phone #