

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050327

1. Entity Name

GAMSE MEDICAL SERVICES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90002 006 ***150.00

Principal Place of Business

965 NORTH NOB HILL ROAD
SUITE 232
PLANTATION FL 33324
US

Mailing Address

965 NORTH NOB HILL ROAD
SUITE 232
PLANTATION FL 33324-1078
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PMB 232

Suite, Apt. #, etc.

PMB 232

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0504319

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

EPSTEIN, STUART CPA
1776 N. PINE ISLAND ROAD
SUITE 316
PLANTATION FL 33322

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MABOURAKH, RUTH	
STREET ADDRESS	11761 NW 9TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELATORRE, DIANE	
STREET ADDRESS	11761 NW 9TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELATORRE, THOMAS	
STREET ADDRESS	11761 NW 9TH ST	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	MABOURAKH, SHAHRAD	
STREET ADDRESS	11761 NW 9TH STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

1-7-2000

Date

954 916 5208

Daytime Phone #

CR2E034 (9/99)