

2000 UNIFORM BUSINESS REPORT (UBR)

10FZ

DOCUMENT # P94000065929

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

00 JUL 12 AM 11:15

1. Entity Name
**AMERICAN LAB. AND MEDICAL
EQUIPMENT INC.**

Principal Place of Business Mailing Address
**5500 NW 74 AVE.
Miami, FL 33166**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **65-0527931**
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**RODOLFO ARETUO
15406 SW 95th ST.
Miami, FL 33196**

7. Name and Address of New Registered Agent
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) ☐

**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		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	P/VISIT Hilda B. Gonzalez 15406 SW 95 ST. Miami, FL 33196	
CITY - ST - ZIP	Miami, FL 33196	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	D RODOLFO ARETUO 15406 SW 95 ST. Miami, FL 33196	
CITY - ST - ZIP	Miami, FL 33196	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	D Georgina ARETUO 15406 SW 95 ST. Miami, FL 33196	
CITY - ST - ZIP	Miami, FL 33196	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600003327078-4 -07/19/00--01010--005 ****150.00 ****150.00	
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Date Daytime Phone #