

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA4 0000 88463**

1. Entity Name

Pulmocare Services, Inc.

Principal Place of Business

Mailing Address

**7147 S.W. 8 ST.
Miami, FL. 33144**

**7147 S.W. 8 ST.
Miami, FL. 33144**

2. Principal Place of Business

6955 NW 77 Ave

3. Mailing Address

6955 NW 77 Ave

Suite, Apt. #, etc.

Ste 408C

Suite, Apt. #, etc.

Ste 408C

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

6. Name and Address of Current Registered Agent

**Pedro Perez Chambless Jr.
5601 Collins Ave #1016
Miami Beach, FL. 33140**

7. Name and Address of New Registered Agent

Name **Mayra Fuentes**

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

20412 NW 55CT.

City **Miami**

FL

Zip Code **33055**

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]

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/19/00

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	P.S.T.D.	<input checked="" type="checkbox"/> Delete
NAME	Pedro Perez Chambless Jr	
STREET ADDRESS	5601 Collins Ave #1016	
CITY-ST-ZIP	Miami Beach, FL. 33140	
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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.S.T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mayra Fuentes	
STREET ADDRESS	20412 NW 55CT.	
CITY-ST-ZIP	Miami, FL. 33055	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

LFT 1-25-2000

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 (305) 885-5571

Date

Daytime Phone #

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

00 JAN 21 PM 1:20

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DO NOT WRITE IN THIS SPACE**