

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092329

1. Entity Name

CHAN MEDICAL EQUIPMENT, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90001 002 \*\*\*150.00

Principal Place of Business

Mailing Address

SW 17 AVE & 308  
FL 33135

215 SW 17 AVE & 308  
MIAMI FL 33135-3689

U0023499



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0542159

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

Name

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

City

FL

Zip Code

VILMA V LLERENA

215 SW 17TH AVE 308

MIAMI, FL 33165

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete  
P  
RIVERO, REMBERTO J  
12675 N.W. 9 WAY  
MIAMI FL 33182

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete  
V  
LLERENA, VILMA V  
215 S.W. 17 AVE. #308  
MIAMI FL 33135

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 #

CR2E034 (9/99)