

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016756

1. Entity Name

LAM & M MEDICAL EQUIPMENT CORP.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90075 005 \*\*\*158.75

Principal Place of Business

7105 S.W. 8TH ST.  
SUITE 103  
MIAMI FL 33144

Mailing Address

7105 S.W. 8TH ST.  
SUITE 103  
MIAMI FL 33144-4664

2. Principal Place of Business

9537 SW 40 ST  
Suite, Apt. #, etc.

3. Mailing Address

9537 SW 40 ST  
Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FL

4. FEI Number

65-0563266

Applied For

Not Applicable

Zip

Country

33165

Zip

33165

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

LAM, FRANCISCO  
7105 S.W. 8TH ST.  
SUITE 204  
MIAMI FL 33144

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 PTS ☐ Delete  
NAME LAM, FRANCISCO  
STREET ADDRESS 7105 S.W. 8TH ST. SUITE 103  
CITY-ST-ZIP MIAMI FL 33144

TITLE PTS ☐ Change ☐ Addition  
NAME LAM, FRANCISCO ONLY ADDRESSES  
STREET ADDRESS 9537 SW 40 ST  
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Francisco Lam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-14-00

CR2E034 (9/99)