

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039864

1. Entity Name

CORAL MEDICAL EQUIPMENT SERVICES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90289 023 \*\*\*150.00

Principal Place of Business

Mailing Address

2240 SW 22ND ST  
MIAMI FL 33145  
US

2240 SW 22ND ST  
MIAMI FL 33145-3509  
US

2. Principal Place of Business

3. Mailing Address

3600 So. STATE RD #7  
Suite, Apt. #, etc.

3600 So. STATE RD #7  
Suite, Apt. #, etc.

Suite 233

Suite 233

City & State  
MIRAMAR, FL.

City & State  
MIRAMAR, FL.

Zip Country  
33023 USA

Zip Country  
33023 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0580550

Applied For

Not Applicable

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

PEREZ, LUIS A  
8120 CORAL WAY  
MIAMI FL 33155

Name  
Joseph Leder

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

14245 SW 57 LANE #8

City

Miami

FL

Zip Code

33183

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

*Joseph Leder*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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  
NAME PEREZ, LUIS A  
STREET ADDRESS 8520 SW 103 ST  
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

TITLE P.D.  
NAME LEDER, JOSEPH  
STREET ADDRESS 14245 S.W. 57 LANE, #8  
CITY-ST-ZIP MIAMI, FL 33183 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Joseph Leder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

CR20 05-15-2000