

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039917

1. Entity Name
JUNY'S MEDICAL RENTAL INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90103 001 *****8.75

Principal Place of Business Mailing Address
4471 NW 36 ST #101 MIAMI FL 33176 US
4471 N.W. 36TH ST #101 MIAMI FL 33012-3409 US
New Phone # (305) 820-1005

2. Principal Place of Business 4999 NW 8ave Suite # 25 Hialeah Fla 33012 Dade
3. Mailing Address 4999 W 8ave Suite #25 Hialeah Fla 33012 Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0618649 Applied For Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, RAFAEL
4471 N.W. 36TH ST #101 MIAMI FL 33176
4999 W 8ave Suite # 25 Hialeah Fla 33012

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RAFAEL		NAME		
STREET ADDRESS	4471 N.W. 36TH ST, #101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ADA		NAME		
STREET ADDRESS	4471 NW 36TH STREET, UNIT 101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

02/02/2000
Date Daytime Phone #

CR2E034 (9/99)