

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045156

1. Entity Name

JOAN MEDICAL EQUIPMENT SUPPLIES, INC.

Principal Place of Business

2460 S.W. 137 AVENUE
SUITE 254
MIAMI FL 33126
US

Mailing Address

2460 S.W. 137 AVENUE
SUITE 254
MIAMI FL 33175-6399
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90042 006 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0586561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMAS, JOAQUIN J
2460 S.W. 137 AVENUE
SUITE 254
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

MARGARITA GONZALEZ

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

2460 SW 137 AVE
SUITE #254

City

Miami

FL

Zip Code

33175

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

Margarita Gonzalez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/2000

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

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	COMAS, JOAQUIN J	
STREET ADDRESS	2460 S.W. 137 AVENUE, SUITE 254	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMAS, JOAQUIN J	
STREET ADDRESS	2460 S.W. 137 AVENUE, SUITE 254	
CITY-ST-ZIP	MIAMI FL 33175	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gonzalez, Margarita	
STREET ADDRESS	2460 SW 137 AVE #254	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LAZARO A.	
STREET ADDRESS	2460 SW 137 AVE #254	
CITY-ST-ZIP	MIAMI, FL 33175	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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

Margarita Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/2000

CR2E034 (9/99)