

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90128 025 ***150.00

DOCUMENT # P95000051902

1. Entity Name
C.A.R. MEDICAL EQUIPMENT, INC.

Principal Place of Business

**5993 SW 8TH STREET
 MIAMI FL 33144
 US**

Mailing Address

**5993 SW 8TH STREET
 MIAMI FL 33144
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0597643**

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

**FERNANDEZ, EDMUNDO
 5993 SW 8TH STREET
 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **DPVT** ☐ Delete
 NAME **FERNANDEZ, EDMUNDO**
 STREET ADDRESS **5993 SW 8TH STREET**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/02

Date Daytime Phone #

CR2E034 (4/02)

Dear Officers

Attachment
ID# P9500051902
974824

We never receiver The first notice for the anual
Report.

We are sending \$150.00, after our phone call
To Department of State

Thank for your Corporation

X
