

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90077 021 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058938

1. Entity Name
HELP MEDICAL EQUIPMENT INC.

Principal Place of Business
**1840 WEST 49TH STREET
SUITE # 721
HIALEAH FL 33012**

Mailing Address
**1840 WEST 49TH STREET
SUITE # 721
HIALEAH FL 33012**

C0038481

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 65-0597221		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**NAPOLIS YURINA
755 W. 29TH STREET APT # 10
HIALEAH FL. 33012**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 (For use by the registered agent and the filer)	NOTE: Registered Agent signature is required when registering.	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, 2001 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	PSD NAPOLIS YURINA	TITLE	
NAME	755 WEST 29TH STREET	NAME	
STREET ADDRESS	HIA LEAH FL. 33012	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
☐ Delete		☐ 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 or attached, or on an attachment with an address with all other like empowered.

SIGNATURE:

PRESIDENT

03/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page 4