

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064589

1. Entity Name

STAT MEDICAL EQUIPMENT SUPPLY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

02-19-2000 90025 031 ***158.75

Principal Place of Business

Mailing Address

~~40 EAST 5TH STREET~~
~~HI 33010~~

~~40 EAST 5TH STREET~~
~~HI 33012-4941~~
~~US~~

2. Principal Place of Business

1177 W. 37 Street
Suite, Apt. #, etc.

3. Mailing Address

1177 W. 37 Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hialeah, FL
Zip 33012
Country Dade

City & State

Hialeah, FL
Zip 33012
Country Dade

4. FEI Number

65-0603044

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, LOURDES
36 E 5TH ST
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name LOURDES VALDES

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

1177 W 37 St

City Hialeah

FL

Zip Code 33012

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 *Lourdvaldes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P.	VALDES, LOURDES	36 EAST 5TH STREET	HIALEAH FL 33010	<input type="checkbox"/>
VP	SERRANO, LOURDES	36 EAST 5TH STREET	HIALEAH FL 33010	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	VALDES LOURDES	1177 W 37 St	Hialeah, Fla - 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SERRANO LOURDES	1177 W 37 St	Hialeah, Fla - 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Lourdvaldes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-2000

(805) 883-8234