

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064589

1. Entity Name

STAT MEDICAL EQUIPMENT SUPPLY, INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90278 036 ***150.00

Principal Place of Business

1177 W. 37 ST
HIALEAH FL 33012
US

Mailing Address

1177 W. 37 ST
HIALEAH FL 33012
US

2. Principal Place of Business

1177 W. 37 Street

3. Mailing Address

1177 W 37 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hialeah, Fla

Zip
33012

Country
DADE

City & State
Hialeah, Fla

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
1177 W 37 ST
HIALEAH FL 33012

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 *Lourdes Valdes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-2001

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

TITLE P
NAME VALDES, LOURDES
STREET ADDRESS 1177 W 37 ST
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE VP
NAME SERRANO, LOURDES
STREET ADDRESS 1177 W 37 ST
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lourdes Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

(305) 883-8234

Daytime Phone #

CR2E034(10/00)