

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082751

1. Entity Name

EL AVILENO MEDICAL EQUIPMENT INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90004 009 ***150.00

Principal Place of Business

5784 W FLAGLER ST.
MIAMI FL 33184
US

Mailing Address

5784 W. FLAGLER ST.
MIAMI FL 33144-3444
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

65-0616050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, VERONICA
247 N.W. 57TH COURT
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **CESARIO SANCHEZ**

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

247 NW 57TH COURT

City **MIAMI**

FL

Zip Code **33126**

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

CESARIO SANCHEZ - PRESIDENT

1/15/2000

(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 \$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 **D** ☒ Delete
NAME **SANCHEZ, VERONICA**
STREET ADDRESS **247 NW 57 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DPST** ☐ Delete
NAME **SANCHEZ, CESARIO**
STREET ADDRESS **247 NW 57 COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PRESIDENT, SECRETARY, TREASURY** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: *Cesario Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/2000 (305) 267-3500

CR2E034 (9/99)