

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2000 8:00 am**  
**Secretary of State**

01-13-2000 90002 041 \*\*\*150.00

00002110



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000083008**

**1. Entity Name**  
**UNIPLUS MEDICAL EQUIPMENT, INC.**

**Principal Place of Business**      **Mailing Address**  
7235 SW 24 ST.  
SUITE 205  
MIAMI FL 33155      7235 SW 24 ST.  
SUITE 205  
MIAMI FL 33155-1451

**2. Principal Place of Business**      **3. Mailing Address**  
7235 SW 24 ST.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
Suite 205  
City & State      City & State  
Miami Fla  
Zip      Country  
33155      Dade

**4. FEI Number**      **65-0618348**      **Applied For**  
Not Applicable

**5. Certificate of Status Desired**      ☐      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
FLORES, RAUL  
7701 SW 16 ST.  
MIAMI FL 33165

**7. Name and Address of New Registered Agent**  
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.**

**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.**      ☐      **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**      ☐      **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLORES, RAUL		NAME		
STREET ADDRESS	7701 SW 16 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:**      *Raul Flores*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      Date      Daytime Phone #

CR2E034 (9/99)