

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90736 033 ***158.75

DOCUMENT # P95000083694

1. Entity Name

FAST MEDICAL SUPPLY AND EQUIPMENT INC.

Principal Place of Business

**717 PONCE DE LEON BLVD
 SUITE 239
 CORLA GABLES FL 33134**

Mailing Address

**717 PONCE DE LEON BLVD
 SUITE 239
 CORLA GABLES FL 33134**

2. Principal Place of Business

717 PONCE DE LEON BLVD.

3. Mailing Address

717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

303

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33134

Country

DADE

Zip

33134

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0621247**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OJEDA, JORGE LUIS
 717 PONCE DE LEON BLVD
 SUITE 303
 CORLA GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

n/a

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 use 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. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **DS** ☒ Delete
 NAME **VALDES, REINA L**
 STREET ADDRESS **440 S.W. 89 COURT**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **DP** ☐ Delete
 NAME **OJEDA, JORGE LUIS**
 STREET ADDRESS **16501 N.W. 45 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33054**

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 **P/T/S/D** ☒ Change ☐ Addition
 NAME **OJEDA, JORGE LUIS**
 STREET ADDRESS **717 PONCE DE LEON BLVD. SUITE 303**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

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

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:

SIG. JORGE LUIS OJEDA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

(305) 772-0899

Daytime Phone #

CR2E034 (9/01)