

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086262

1. Entity Name

Z D A MEDICAL EQUIPMENT, INC.

FILED

Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90079 041 ***150.00

Principal Place of Business

1490 S. MILITARY TRAIL #12C
WEST PALM BEACH FL 33415

Mailing Address

1490 S. MILITARY TRAIL #12C
WEST PALM BEACH FL 33415-9190

2. Principal Place of Business

1490 S. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 10

City & State

WEST PALM BEACH, FL.

Zip

33415

Country

PALM BEACH

3. Mailing Address

1490 S. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 10

City & State

WEST PALM BEACH, FL.

Zip

33415

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0619532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PABLO
3140 SW 16TH TERRACE
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

PABLO GONZALEZ

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

4652 BELVEDERE RD.

City

WEST PALM BEACH

FL

Zip Code

33415

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.
(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	PD GONZALEZ, PABLO 3140 SW 16TH TERRACE MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PABLO GONZALEZ, PRESIDENT 4652 BELVEDERE RD. WEST PALM BEACH, FL. 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAMON GONZALEZ, VICE PRES 233 WENONAH PLACE APT. 11 WEST PALM BEACH, FL. 33405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-29-00

Date

(561) 967-1404

Daytime Phone #