

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086262

1. Entity Name

Z D A MEDICAL EQUIPMENT, INC.

Principal Place of Business

1490 S MILITARY TRAIL
STE-10
WEST PALM BEACH FL 33415

Mailing Address

1490 S MILITARY TRAIL
STE-10
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip _____ Country _____

Zip _____ Country _____

01-25-2001 90034 001 *****8.75

01-25-2001 90034 002 ***150.00

22939



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
4652 BELVEDERE RD
WEST PALM BEACH FL 33415

Name **RAMON GONZALEZ**

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

953 PASEO CASTALLA

City **WEST PALM BEACH** FL Zip Code **33405**

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)

01-10-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME GONZALEZ, PABLO
STREET ADDRESS 4652 BELVEDERE RD
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME GONZALEZ, RAMON
STREET ADDRESS 233 WENONAH PLACE APT-11
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE **P** Delete Change Addition
NAME GONZALEZ, RAMON
STREET ADDRESS 953 PASEO CASTALLA
CITY-ST-ZIP WEST PALM BEACH, FL. 33405

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

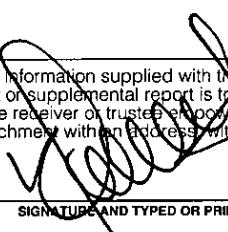
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-01 (561)967-1404

Date

Daytime Phone #

CR2E034 (10/00)