

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086923

1. Entity Name

AMEX MEDICAL EQUIPMENT, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90009 050 ***150.00

Principal Place of Business

Mailing Address

8600 N.W. SOUTH RIVER DRIVE
SUITE 215
MEDLEY FL 33166

8600 N.W. SOUTH RIVER DRIVE
SUITE 215
MEDLEY FL 33166-7434

2. Principal Place of Business

1318 EAST 4 AVE

Suite, Apt. #, etc.

3. Mailing Address

1318 EAST 4 AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0620001

Applied For

Not Applicable

Zip

33010-3526

Country

DADE

Zip

33010-3526

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARREDO, MARELIS
8600 NW SOUTH RIVER DRIVE
SUITE 215
MEDLEY FL 33166

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.

(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

PD

☐ Delete

NAME

BARREDO, MARELIS

STREET ADDRESS

11635 NW 90 AVE.

CITY-ST-ZIP

HIALEAH FL 33016

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

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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

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/00