

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91344 029 \*\*\*150.00

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**DOCUMENT # P95000086923**

1. Entity Name

**AMEX MEDICAL EQUIPMENT, INC.**



Principal Place of Business

**1318 EAST 4 AVENUE  
HIALEAH FL 33010**

Mailing Address

**1318 EAST 4 AVENUE  
HIALEAH FL 33010**

2. Principal Place of Business

**1350 East 4 ave**

Suite, Apt. #, etc.

3. Mailing Address

**1350 East 4 ave**

Suite, Apt. #, etc.

City & State

**Hialeah FL**

City & State

**Hialeah FL**

Zip

**FL**

Country

**33010**

Zip

**33010**

Country

**USA**

4. FEI Number

**65-0620001**

Applied For

☐ Not Applicable

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

**MARELIS BARREDO**

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

**1350 East 4 ave**

City

**Hialeah**

**FL**

Zip Code

**33010**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. 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  
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

11. 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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

**(305) 884-1115**

Daytime Phone #

CP2E034 (10/02)