

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90354 007 \*\*\*158.75

DOCUMENT # P95000094098

1. Entity Name

BEST CARE MEDICAL EQUIPMENT, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

807 SW 25th AVENUE

Suite, Apt. #, etc.

301

City & State

MIAMI FLORIDA

Zip

33135

Country

USA

3. Mailing Address

807 SW 25th AVENUE

Suite, Apt. #, etc.

301

City & State

MIAMI FLORIDA

Zip

33135

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 0625688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RAMON SANTOS

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

807 SW 25th AVENUE

Suite 301

City

MIAMI

FL

Zip Code

33135

**DO NOT WRITE  
IN THIS SPACE**

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)

4/24/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
D/P  
RAMON SANTOS  
807 SW 25th AVENUE Suite 301  
MIAMI, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SERGIO PEREZ  
807 SW 25th AVENUE Suite 301  
MIAMI, FL 33135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

DATE

Daytime Phone #

CR2E034B (12/01)