

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000000295**

1. Entity Name

**CAMPY & SON MEDICAL EQUIPMENT INC.****FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90222 010 \*\*\*158.75

Principal Place of Business

**146 MADEIRA AVE  
CORAL GABLES FL 33134  
US**

Mailing Address

**146 MADEIRA AVE  
CORAL GABLES FL 33144-4659  
US**

2. Principal Place of Business

**7189 SW 8th STREET**

Suite, Apt. #, etc.

3. Mailing Address

**7189 SW 8th STREET**

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FLORIDA**

Zip

**33144**

Country

**MIAMI DADE**

City &amp; State

**MIAMI, FLORIDA**

Zip

**33144**

Country

**MIAMI DADE**

4. FEI Number

**65-0629695**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SAINZ, DORA  
4701 W 3 AVE  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

**SAINZ, DORA**

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

**7189 SW 8th STREET**

City

**MIAMI****FL**Zip Code  
**33144**

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 *Dora Sainz* **DORA SAINZ****03/03/00**

Signature, typed or printed name of registered agent, or 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	<input checked="" type="checkbox"/> Delete
NAME	<b>SAINZ, DORA</b>	
STREET ADDRESS	<b>4701 W 3RD AVE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SAINZ, DORA</b>		
STREET ADDRESS	<b>7189 SW 8th STREET</b>		
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33144</b>		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Dora Sainz* **DORA SAINZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**03/03/00 (305) 266-5858**

Date

Daytime Phone #

CR2E034 (9/99)