

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90087 032 ***158.75

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DOCUMENT # P96000000295

1. Entity Name
CAMPY & SON MEDICAL EQUIPMENT INC.



Principal Place of Business
**7189 SW 8TH ST
MIAMI FL 33144
US**

Mailing Address
**7189 SW 8TH ST
MIAMI FL 33144
US**

2. Principal Place of Business
4750 SW 74th AVENUE

3. Mailing Address
4750 SW 74th AVENUE

Suite, Apt. #, etc.
BUILDING # D

Suite, Apt. #, etc.
BUILDING # D

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33155-4457

Country
MIAMI-DADE

Zip
33155-4457

Country
MIAMI-DADE

4. FEI Number
65-0629695

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SAINZ, DORA
7189 SW 8TH ST
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name
SAINZ, DORA
Street Address (P.O. Box Number is Not Acceptable)
4750 SW 74th AVENUE, BUILDING # D
City
MIAMI, FLORIDA **FL** Zip Code
33155-4457

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]*

08/26/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAINZ, DORA 7189 SW 8TH ST MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAINZ, DORA 4750 SW 74th AVENUE, BUILDING # D MIAMI, FLORIDA 33155-4457	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: * *[Signature]*

08/26/2003 (305) 266-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date DayTime Phone #

CR2E034 (4/03)

Attachment 90153119
CAMPY & SON MEDICAL EQUIPMENT, INC.
47050 SW 74TH AVE #D, Miami-Florida 33155, Phone: 305-266-5858

August 26, 2003

Florida Department of State
Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Subject: Campy & Son Medical Equipment, Inc.
Document No. P96000000295

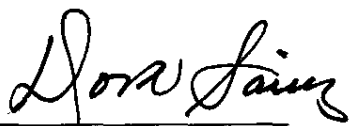
Dear Sir or Madam:

We have been calling the department since the end of March, requesting the 2003 UBR. Nevertheless, we just recently received it. Probably you did not updated our new address when we called reporting it eight months ago (please see it above).

Due to the above-mentioned inconvenience, we did not send the payment before; we are soliciting you to please waive the assigned late fees. Please accept our payment of \$150.00 which we are sending today. *Your sense of fairness and kindness will be much appreciated.*

Do not hesitate to contact us for further information at 305-803-7636. We will be waiting for your prompt and positive response.

Cordially,



Dora Sainz
President