

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000001912**

1. Entity Name

E.M. MEDICAL EQUIPMENT INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90050 003 ***150.00

Principal Place of Business

Mailing Address

801 WEST 49 STREET
#248
HIALEAH FL 33012801 WEST 49 STREET
#248
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

2545-B NW 72 AVE.**2545-B NW 72 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI**MIAMI**

Zip

Country

Zip

Country

FL 33122**33122**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABRAHAM, LOYDA
801 WEST 49 STREET
#248
HIALEAH FL 33012

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ABRAHAM, LOYDA
801 W. 49TH STREET, #248
HIALEAH FL 33012 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jorge Del Real Rodriguez ☐ Change ☒ Addition
2545-B NW 72 AVE
MIAMI FL 33122TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Jorge Del Real Rodriguez

Date

Daytime Phone #

2-8-01 (305) 573-1515

CR2E034 (10/00)