

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 096 000003818

1. Entity Name

TUTTY'S MEDICAL EQUIPMENT, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 AM 8:19

Principal Place of Business

930 Hialeah Drive # 4
Hialeah, FL 33010

Mailing Address

930 Hialeah Drive # 4
Hialeah, FL 33010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 65-0652797

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Mario A. Gomez
930 Hialeah Drive # 4
Hialeah, FL 33010

7. Name and Address of New Registered Agent

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, 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 type="checkbox"/> Delete
NAME	<input checked="" type="checkbox"/> GOMEZ, MARIO A.	
STREET ADDRESS	3529 NW 34 ST	
CITY-ST-ZIP	MIAMI, FL 33142	
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
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	<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	

100003342801-1
--08/01/00--01095-001
****158.75 ****158.75

ph/25

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:

MARIO A. GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-00

Date

(305) 887-1075

Daytime Phone #

CR2E034 (9/99)

P96000003818



TUTTY'S MEDICAL EQUIPMENT, CORP

930 HIALEAH DRIVE # 4 HIALEAH, FL 33010 TEL:(305)887-1075 FAX: (305)887-1076

July 13, 2000

To Whom it may concern:

I Mario A. Gomez bought Tutty's Medical Equipment, Corp back in August 31, 1999, this is a new business for me I did not no if they had applied for the business report for the year 2000, Inclosed please find my application and my filing fee of \$150.00 + \$8.75 for the Certificate of Status.

If you think that I deserve to pay the penalty charges, please let me know I appreciate your help.

Thank You

Mario A. Gomez
President