

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

FILED

02 NOV -4 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000003818

1. Entity Name

TUTTY'S MEDICAL EQUIPMENT CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10000 SW 56th St

3. Mailing Address

Same

Suite, Apt. #, etc.

5

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0652797

Applied For

Not Applicable

Zip

33165

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sandra Montes de Oca

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

10000 SW 56th St Suite 5

City

Miami

FL

Zip Code

33165

8. The above named entity submits this State report 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)

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  
President  
Sandra Montes de Oca  
10000 SW 56th St Suite 5  
Miami, FL 33165

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-2002

Date

Daytime Phone #

CR2E034B (12/01)

Miami, FL, October 14, 2002

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: TUTTY'S MEDICAL EQUIPMENT CORP., Uniform Business Report 2002:  
P96000003818

Dear Sirs,

In reply to your letter of August 2002, this is to inform you that TUTTY'S MEDICAL EQUIPMENT CORP. did not file its 2002 Annual Business Report on time because this company never received its 2002 Uniform Business Report and therefore, it could be filed on time. However, we are sending a new UBR form sent by you on the previously mentioned date, along with the payment of \$150.00 and we would like you to please waive any penalty that this may cause.

We apologize for any inconvenience this may have caused.

Thank you very much for your cooperation.

Sincerely,

SANDRA MONTES DE OCA  
President