

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005044

1. Entity Name

SOUTHEASTERN MEDICAL EQUIPMENT, INC.

Principal Place of Business

5951 NW 151 ST.
109
MIAMI LAKES FL 33014
US

Mailing Address

5951 NW 151 ST.
109
MIAMI LAKES F 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0632308

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGADO, IGNACIO L
148 S.W. 169 AVE.
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name Ignacio L. Delgado
Street Address (P.O. Box Number is Not Acceptable)
5951 NW 151 ST #109
City Miami Lakes FL Zip Code 33014

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)

4/26/01
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 State

10. 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	Change	Addition
	D	DELGADO, IGNACIO L	148 S.W. 169 AVE. PEMBROKE PINES FL	<input type="checkbox"/>	<input type="checkbox"/>
	D	Ignacio L. Delgado	5951 NW 151 ST #109 MIAMI LAKES, FL. 33014	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Ignacio L. Delgado

Date

Daytime Phone #

4-26-01 (305) 819-3858

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90220 018 ***150.00

C0063589



DO NOT WRITE IN THIS SPACE

0096311

CR2E034 (10/00)