

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017055

1. Entity Name

DIVERSIFIED MEDICAL EQUIPMENT, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90070 023 ***150.00

Principal Place of Business

4662 SW 74 AVE
MIAMI FL 33155

Mailing Address

4662 SW 74 AVE
MIAMI FL 33155-4456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0644153

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCHARD, LOURDES
4662 SW 74 AVE
MIAMI FL 33155

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BLANCHARD, LOURDES	
STREET ADDRESS	9800 SW 100 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, REGLA	
STREET ADDRESS	9811 SW 35 TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRO, MARLENE	
STREET ADDRESS	9811 SW 35 TERR	
CITY-ST-ZIP	MIAMI FL 33165	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Loures M. Blanchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00 305 2668363

CR2524 (000)