

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 045 ***150.00

DOCUMENT # **P96000054049**

1. Entity Name

Angel Medical Equipment, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3383 NW 7 St

3. Mailing Address

3383 NW 7 St.

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Miami FL

City & State

Miami FL

4. FEI Number

650675093

Applied For

Not Applicable

Zip

33126

Country

US

Zip

33126

Country

US

5. Certificate or Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Mendoza, Lupe**

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

1121 SW 122 Ave

Apt. #212

City **Miami**

FL

Zip Code

33184

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: If a person other than the registered agent is signing, the signature must be accompanied by a power of attorney.)

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 **PST**
NAME **mendoza, Lupe**
STREET ADDRESS **1121 SW 122 Ave, Apt 212**
CITY- ST- ZIP **Miami, FL 33184**

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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 Lupe A. Mendoza**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/02

Date

Daytime Phone #

CR2E034B (12/01)