

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90353 005 ***150.00

DOCUMENT # P97000002210

1. Entity Name
DAILY SERVICES MEDICAL EQUIPMENT, INC.

Principal Place of Business

1790 W. 49 STREET
SUITE 400-6
HIALEAH FL 33012

Mailing Address

1790 W. 49 STREET
SUITE 400-6
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1790 W. 49 Street
Suite, Apt. #, etc.
400-11

City & State

Hialeah FL

Zip

33012

Country

DAZE

3. Mailing Address

1790 W. 49 Street
Suite, Apt. #, etc.
400-11

City & State

Hialeah

Zip

33012

Country

DAZE

4. FEI Number

65-0722773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRA, DORA
2500 W 56 ST
SUITE 1413
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

18225 NW. 73 Ave. #207

City

Hialeah

FL

Zip Code

33015

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

Dora Parra

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	PARRA, DORA	
STREET ADDRESS	2500 W. 56ST 1413	
CITY-ST-ZIP	HIALEAH	
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	PARRA DORA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18225 NW. 73 Ave. #207	
STREET ADDRESS	Hialeah FL, 33015	
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		
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:

Dora Parra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 **(305) 5567725**

Date

Daytime Phone #

CP2E034 (9/01)