

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024836

1. Entity Name

BEST INTERNATIONAL MEDICAL EQUIPMENT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90437 027 ***150.00

Principal Place of Business

Mailing Address

2476 S.W. 8TH ST
 MIAMI FL 33135

2476 S.W. 8TH ST
 MIAMI FL 33135-3016

2. Principal Place of Business

3. Mailing Address

2460 S.W. 8th
 Suite, Apt. #, etc.

2460 S.W. 8th
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

65-0759936

Applied For

Not Applicable

Zip

Country

Zip

Country

33135 DADE

33135 DADE

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

NODARSE, AIDA R
 2476 S.W. 8TH ST
 MIAMI FL 33135

Name

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

2460 S.W. 8th

City

Miami

FL

Zip Code

33135

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

Aida R. Nodarse

4-10-00

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 P
 NAME NODARSE, AIDA
 STREET ADDRESS 2476 S.W. 8TH ST
 CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2460 S.W. 8th
 CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Aida R. Nodarse

4-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (MAY)