

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045416

1. Entity Name

PULM OXY LAB. INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90220 025 ***150.00

Principal Place of Business

Mailing Address

8600 NW SOUTH RIVER DR.
#206
MEDLEY FL 33166

PO BOX 126840
HIALEAH FL 33012-1613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0754678

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

VALDIMA, OSCAR
7370 W 29 LN
HIALEAH FL 33014

Name

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

8600 NW SOUTH RIVER DR. Ste 206

City Medley

FL

Zip Code 33166

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 ☐ Delete
NAME DP
STREET ADDRESS VALDIMA, OSCAR
CITY-ST-ZIP 7370 W 29 LN
HIALEAH FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8600 NW SOUTH RIVER DR Ste 206
CITY-ST-ZIP Medley FL 33166

TITLE ☐ Delete
NAME DS
STREET ADDRESS VALDIVIA, MIRTHA M
CITY-ST-ZIP 7370 W 29 LN
HIALEAH FL 33014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8600 NW SOUTH RIVER DR Ste 206
CITY-ST-ZIP Medley FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 19.07(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

Date

Daytime Phone #

CR2E034 (9/99)