

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000047859**

1. Entity Name

Neighborhood Medical Equipment, Inc.

Principal Place of Business

**5951 NW 151 St
Bay 37
Miami Lakes FL 33014
US**

Mailing Address

**5951 NW 151 St
Bay 37
Miami Lakes FL 33014
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0755859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Garcia Carlos
5951 NW 151 St Bay 37
Miami Lakes FL 33014**

7. Name and Address of New Registered Agent

Name

Fuentes Gipsy

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

5951 NW 151 St

City

Miami Lakes

FL

Zip Code

33014

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

04/16/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!

After MAY 15, 2001

Make Check Payable to Department of State

FEE IS \$150.00

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** NAME **Garcia Carlos** ☒ Delete
STREET ADDRESS **5951 NW 151 St # 37**
CITY-ST-ZIP **Miami Lakes FL 33014**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/As** NAME **Fuentes Gipsy** ☐ Change ☒ Addition
STREET ADDRESS **5951 NW 151 St # 37**
CITY-ST-ZIP **Miami Lakes 33014**

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

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

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TITLE NAME ☐ Change ☐ Addition
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:

Gipsy Fuentes

04/16/01

(305) 556-0610

FILED

**May 23, 2001 8:00 am
Secretary of State**

04-24-2001 90029 045 ***150.00

45751

DO NOT WRITE IN THIS SPACE