

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90127 003 \*\*\*150.00

0232248

**DOCUMENT # P97000090928**

1. Entity Name  
**PROFESSIONAL RESPIRATORY THERAPY EQUIPMENT, INC.**

Principal Place of Business Mailing Address  
**13356 SOUTHWEST 61ST TERRACE 13356 SOUTHWEST 61ST TERRACE**  
**MIAMI FL 33183 MIAMI FL 33183**

2. Principal Place of Business 3. Mailing Address  
**6436 SW 130 PL #811 6436 SW 130 PL #811**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, FL Miami, FL**  
 Zip Country Zip Country  
**33183 Dade 33183**

4. FEI Number **65-0793531** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CABRERA, EUGENE**  
**13356 SOUTHWEST 61ST TERRACE**  
**MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **Cabrera, Eugene**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**6436 SW 130 PL #811**  
**Miami**  
 City **FL** Zip Code **33183**

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 *Eugene Cabrera* DATE **4/16/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 ☐ Delete  
 NAME **D CABRERA, EUGENE**  
 STREET ADDRESS **13356 SOUTHWEST 61ST TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Cabrera, Eugene**  
 STREET ADDRESS **6436 SW 130 PL #811**  
 CITY-ST-ZIP **Miami, FL 33183**

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

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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: *Eugene Cabrera* DATE **4/16/01** DAYTIME PHONE # **(305) 387-2833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)