

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 021 ***150.00

DOCUMENT # P97000090928

1. Entity Name
PROFESSIONAL RESPIRATORY THERAPY EQUIPMENT, INC.

Principal Place of Business
6436 SW 130 PL #811
MIAMI FL 33183

Mailing Address
6436 SW 130 PL #811
MIAMI FL 33183

2. Principal Place of Business
1111 TWIN OAK CT
Suite, Apt. #, etc.

3. Mailing Address
1111 TWIN OAK CT.
Suite, Apt. #, etc.

City & State
Marco Island Florida
Zip **34145** **Country** **USA**

City & State
Marco Island Florida
Zip **34145** **Country**

4. FEI Number **65-0793531**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CABRERA, EUGENE
6436 SW 130 PL #811
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name **EUGENE CABRERA**

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

1111 TWIN OAK CT.

City **Marco Island** **FL** **Zip Code** **34145**

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, 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** ☐ Delete
NAME **CABRERA, EUGENE**
STREET ADDRESS **6436 SW 130 PL #811**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EUGENE CABRERA** ☒ Change ☐ Addition
NAME **1111 TWIN OAK CT.**
STREET ADDRESS **marco island FLA 34145**
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
Date

Daytime Phone #

CR2E034 (9/01)