

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90116 007 \*\*\*150.00

**DOCUMENT # P97000095035**

1. Entity Name  
**REDI-MEDIC EQUIPMENT & SUPPLY, CO.**

Principal Place of Business <b>70 WESTWARD DRIVE MIAMI SPRINGS FL 33166</b>	Mailing Address <b>70 WESTWARD DRIVE MIAMI SPRINGS FL 33166-5256</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>P.O. Box 661460</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Spgs, FL</b>	4. FEI Number <b>65-0791722</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>33266</b>	Country <b>DADE</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>REYES, MARINA 70 WESTWARD DRIVE MIAMI SPRINGS FL 33166</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>REYES, EVELYN</b>		NAME <b>MARINA Reyes</b>	
STREET ADDRESS <b>70 WESTWARD DRIVE</b>		STREET ADDRESS <b>70 WESTWARD Drive</b>	
CITY-ST-ZIP <b>MIAMI SPRINGS FL 33166</b>		CITY-ST-ZIP <b>Miami Spgs, FL 33166</b>	
TITLE <b>SVD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GONZALEZ, B</b>		NAME <b>MARINA Reyes</b>	
STREET ADDRESS <b>70 WESTWARD DR</b>		STREET ADDRESS <b>70 WESTWARD Drive</b>	
CITY-ST-ZIP <b>MIAMI SPGS FL 33106</b>		CITY-ST-ZIP <b>MIAMI Spgs, FL 33166</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>MARINA Reyes</b>	
STREET ADDRESS		STREET ADDRESS <b>70 WESTWARD Drive</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>MIAMI Spgs, FL 33166</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME <b>MARINA Reyes</b>	
STREET ADDRESS		STREET ADDRESS <b>70 WESTWARD Drive</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Miami Spgs, FL 33166</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Marina Reyes 4/5/00 305-889-0142  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)