

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90011 015 ***150.00

DOCUMENT # P98000033151

1. Entity Name

FLORIDA DURABLE MEDICAL EQUIPMENT, CORP.



Principal Place of Business

**4744 W. FLAGLER STREET
 MIAMI FL 33134**

Mailing Address

**4744 W. FLAGLER STREET
 MIAMI FL 33134**

2. Principal Place of Business

5788 SW 8 ST

Suite, Apt. #, etc.

Suite B

City & State

miami FL

Zip

33144

Country

Dade

3. Mailing Address

5788 SW 8 ST

Suite, Apt. #, etc.

Suite B

City & State

miami FL

Zip

33144

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VAZQUEZ, BLANCA A
 5310 SW 7TH STREET
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **VAZQUEZ, BLANCA A**
 STREET ADDRESS **5310 SW 7TH STREET**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Blanca Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-01 305441 2615

Date

Daytime Phone #

CR2E034 (5/01)

attachement
G# P98000033151
773536

TO WHOM IT MAY CONCERN;

DIVISION OF CORPORATION UNIFORM BUSINESS REPORT FILLING
P.O. BOX 1500.
TALAHASSEE FL. 32302-1500

DOCUMENT # P98000033151

I am sending to you \$150.00 because I did not receive the bill for the corporation
I moved on May 1st.2001. to 5788 SW 8ST Miami Fl. 33144. but I change my mail.
If you need contact me , please call me at 305-260-7050 or 305-986-0038.

CORDIALLY,


Blanca Vazquez
President Florida Durable Medical Equipment