

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90822 007 ***150.00

DOCUMENT # P98000033151

1. Entity Name
FLORIDA DURABLE MEDICAL EQUIPMENT, CORP.



Principal Place of Business
**5788 SW 8 STREET
STE B
MIAMI FL 33144**

Mailing Address
**5788 SW 8 STREET
STE B
MIAMI FL 33144**

2. Principal Place of Business
3241 NW 7 St

3. Mailing Address
3241 NW 7 St

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
101

City & State
miami FL

City & State
miami FL

Zip
33135

Country
USA

Zip
33135

Country
USA



☐ CHECK HERE IF MAKING CHANGES

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

**BARRIOS, TOMAS P
5788 SW 8 STREET
SUITE B
MIAMI FL 33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PDS** ☒ Delete
NAME **BARRIOS, TOMAS P**
STREET ADDRESS **5788 SW 8 STREET SUITE B**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.S. Secretary Treasurer** ☒ Change ☐ Addition
NAME **Sixta Tapane S**
STREET ADDRESS **3241 NW 7 St Miami FL 33135**
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **3/3/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 649-4444

Date Daytime Phone #

CR2E034 (10/02)