

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038359

1. Entity Name

L.C. MEDICAL EQUIPMENT AND SERVICES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90099 001 ***158.75

Principal Place of Business

248 NW 106 AVE
 PEMBROKE PINES, FL 33026

Mailing Address

248 NW 106 AVE
 PEMBROKE PINES
 FL 33026

2. Principal Place of Business

3120 PEMBROKE ROAD

Suite, Apt. #, etc.

SUITE 123

City & State

HALLANDALE, FL 33309

Zip

33309

Country

BROWARD

3. Mailing Address

3120 PEMBROKE ROAD

Suite, Apt. #, etc.

SUITE 123

City & State

HALLANDALE, FL 33309

Zip

33309

Country

BROWARD

4. FEI Number

65-0761315

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

00055790

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALTU, JOSE

248 NW 106 AVE

PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

Name

MONTERO, SANDRA M.

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

13756 SW CIRCLE LANE UNIT 4

City

MIAMI

FL

Zip Code
 33186

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

Sandra Montero
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-26/00

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, 2000 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | CEPEDA, HUGO | |
| STREET ADDRESS | 961 PALM AVE | |
| CITY-ST-ZIP | HIALEAH, FL 33010 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MONTERO, SANDRA M. | |
| STREET ADDRESS | 13756 SW 149 CIRCLE LANE UNIT 4 | |
| CITY-ST-ZIP | MIAMI, FL 33186 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (9/99)

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

SANDRA MONTERO
 PRESIDENT

Date

Daytime Phone #

04-26/00 (954) 435 1027