

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091781

1. Entity Name

USA MEDICAL EQUIPMENT, SUPPLIES AND SERVICES COR

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90177 023 ***150.00

Principal Place of Business

225 E. BAYRIDGE DRIVE
 WESTON FL 33326

Mailing Address

225 E. BAYRIDGE DRIVE
 WESTON FL 33326-3531
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1714 ROYAL GROVE Way

Weston FL

33327

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0871407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALPARTIDA, FREDERICO
 225 E. BAYRIDGE DRIVE
 WESTON FL 33326

Name MALPARTIDA FEDERICO

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

1714 ROYAL GROVE Way.

City Weston

FL

Zip Code

33327

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME MALPARTIDA, FEDERICA
 STREET ADDRESS 225 E. BAYRIDGE DRIVE
 CITY-ST-ZIP WESTON FL 33326

TITLE PD ☐ Change ☒ Addition
 NAME MALPARTIDA FEDERICO
 STREET ADDRESS 1714 ROYAL GROVE Way.
 CITY-ST-ZIP WESTON FL 33327

TITLE VPD ☐ Delete
 NAME MALPARTIDA, LIDIA
 STREET ADDRESS 225 E. BAYRIDGE DRIVE
 CITY-ST-ZIP WESTON FL 33326

TITLE VPD ☐ Change ☒ Addition
 NAME MALPARTIDA Lidia
 STREET ADDRESS 1714 ROYAL GROVE Way.
 CITY-ST-ZIP WESTON FL 33327

TITLE SD ☐ Delete
 NAME MALPARTIDA, RUBEN
 STREET ADDRESS 225 E. BAYRIDGE DRIVE
 CITY-ST-ZIP WESTON FL 33326

TITLE SD ☐ Change ☒ Addition
 NAME MALPARTIDA-Ruben
 STREET ADDRESS 1714 ROYAL GROVE Way
 CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Malpartida
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2000 (954) 389-9815
 Date Daytime Phone #

CR2E034 (9/99)