

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000092117**

1. Entity Name

UNIMED EQUIPMENT & SUPPLIES INC.

Principal Place of Business

9745 S.W. 72 STREET
SUITE 118F
MIAMI FL 33173

Mailing Address

9745 S.W. 72 STREET
SUITE 118F
MIAMI FL 33173-4820

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3400 CORAL WAY

Suite, Apt. #, etc.

600

City & State

MIAMI, FLORIDA

Zip

33145

Country

6. Name and Address of Current Registered Agent

~~ABUCHAR, YOHANNA A~~
9745 S.W. 72 STREET, #118F
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

DIEGO F. ARCE

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
~~ABUCHAR, YOHANNA A~~
9745 S.W. 72 STREET
MIAMI FL 33173 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/D
DIEGO F. ARCE ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED**Apr 26, 2000 8:00 am**
Secretary of State

04-26-2000 90452 001 ***150.00

04-26-2000 90452 002 *****8.75

10251



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0873123

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional**
Fee Required

CRDEN24 10/00