

APPROVED
AND
FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097088

1. Entity Name

L and E Medical Equipment, Inc.

02 MAR 26 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 801 W. 49th Street

Suite, Apt. #, etc.

22 Suite 217

City & State

23 Hialeah FL

Zip

24 33012

County

25 Miami-Dade

28 Zip

County

33012

Miami-Dade

3. Mailing Address

801 W. 49th Street

26 Suite, Apt. #, etc.

Suite 217

27 City & State

Hialeah, FL

4. EIN Number

65-0877926

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

81 Angel Solomon

Angel Solomon
2450 S.W. 137 Avenue
Suite 202
Miami, FL 33175

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

83 801 W. 49th Street, Suite 217

84 Hialeah FL 33012

8. The above named entity submits this statement for the purpose of changing its 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 reassigning)

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 \$130.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

P DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

****300.00 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

13. I do 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 annual report or supplemental annual 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, or on attachment, with an address.

SIGNATURE

Angel Solomon, President

3/19/2002

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: L and E Medical Equipment, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$300 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

Sincerely,

Angel Solomon
President

Date: 3/19/2002

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PH: (850) 668-4318 FX: (850) 668-3398

DATE: 03-26-02

ACCOUNT NO: ~~0000000000000000~~

AUTHORIZATION: ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORT

NAME: L AND E MEDICAL EQUIPMENT, INC.

SPECIAL INSTRUCTIONS: RETURN CERTIFIED COPY

RECEIVED

02 MAR 26 PM 3:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA