

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90041 003 ***150.00

DOCUMENT #

P98000100618 ✓

1. Entity Name

Home Respiratory Services Inc.

Principal Place of Business

7930 W 26 Ave #8
Hialeah, FL 33016

Mailing Address

17300 NW 82 Ct.
Hialeah, FL
33015

2. Principal Place of Business

7930 W 26 Ave #8
Suite, Apt. #, etc.

3. Mailing Address

17300 NW 82 Ct.
Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-088-8698

Applied For

Not Applicable

Zip

33016

Country

U.S.A

Zip

33015

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Sandra R. Ratajczak
17300 NW 82 Ct.
Hialeah, FL 33015

7. Name and Address of New Registered Agent

Name: Sandra R. Ratajczak
Street Address (P.O. Box Number is Not Acceptable): 17300 NW 82 Ct.
City: Hialeah FL Zip Code: 33015

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 R. Ratajczak PRESIDENT 5-25-00
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent Signature Required When Filing)

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Sandra R	
STREET ADDRESS	17300 NW 82 Ct.	
CITY-ST-ZIP	Hialeah FL 33015	
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		<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
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sandra R. Ratajczak Sandra R. Ratajczak 305-778-6920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)