

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013581

1. Entity Name

PROFESSIONAL MEDICAL SUPPLIES AND RENTAL, INC.

Principal Place of Business

Mailing Address

8554 SOUTHWEST 8TH STREET  
MIAMI FL 33144

8554 SOUTHWEST 8TH STREET  
MIAMI FL 33144

2. Principal Place of Business

8332 SW 40th St Suite A

3. Mailing Address

8332 SW 40th St, Suite A

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

6. Name and Address of Current Registered Agent

RIVERO, MIGUEL

8554 S.W. 8TH STREET  
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Rivero, Miguel

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

8332 SW 40th St Suite A

City

Miami

FL

Zip Code

33155

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]*

Miguel Rivero, P/V/S/T

1-10-01

Signature of 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, 2001 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	PVST	<input type="checkbox"/> Delete
NAME	RIVERO, MIGUEL	
STREET ADDRESS	8554 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERO, MIGUEL	
STREET ADDRESS	8554 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
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	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivero, Miguel	
STREET ADDRESS	8332 SW 40th St Suite A	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivero, Miguel	
STREET ADDRESS	8332 SW 40th St Suite A	
CITY-ST-ZIP	Miami, FL 33155	
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		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Rivero

1-10-01

Date

305-485-4013

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90029 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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