

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015909

1. Entity Name

EJ MEDICAL EQUIPMENT RENTAL CORPORATION

Principal Place of Business

20325 N.W. 52ND COURT
MIAMI FL 33055

Mailing Address

20325 N.W. 52ND COURT
MIAMI FL 33055-6601

2. Principal Place of Business

1100 W 29 ST

Suite, Apt. #, etc.

J

3. Mailing Address

1100 W 29 ST

Suite, Apt. #, etc.

J

City & State

Hialeah

City & State

Hialeah

Zip

33012

Country

Zip

33012

Country

4. FEI Number

65-0895373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARIAS, EXLAN

20325 N.W. 52ND COURT
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name

ARIAS, EXLAN

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

1100 W 29 ST

SUITE J

City

Hialeah

FL

Zip Code

33012

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)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/00

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 NAME ☐ Delete

PD
ARIAS, EXLAN
20325 N.W. 52ND COURT
MIAMI FL 33055

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

PD
ARIAS, EXLAN
1100 W 29 ST, SUITE J
Hialeah FL 33012

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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

Date

Daytime Phone #

3/1/00

305-885-5954

021100



DO NOT WRITE IN THIS SPACE

CR2034 (9/99)