

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000092626**
 Entity Name
Lake Front Medical Equipment, Inc.

Principal Place of Business
**2413A W. Okeechobee Rd.
 Hialeah, FL 33010**

Mailing Address
**2413A W. Okeechobee Rd.
 Hialeah, FL 33010**

Principal Place of Business
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

*Amended
 Annual
 Report*

FILED
 APR 22 PM 5:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Martinez, Noel
 2413A W. Okeechobee Rd.
 Hialeah, FL 33010**

4. FEI Number
651140172

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **J. Everett Wilson**
 Street Address (P.O. Box Number is Not Acceptable)
**2151 Le Jeune Rd.
 Merz-nine**
 City **Carol Gables** FL Zip Code **33134**

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]* DATE **4/9/02**

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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**

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| NAME PD Martinez, Noel STREET ADDRESS 2413A W. Okeechobee Rd CITY-ST-ZIP Hialeah, FL 33010 | <input checked="" type="checkbox"/> Delete | TITLE PD NAME Garcia, Gladys STREET ADDRESS 2413A W. Okeechobee Rd CITY-ST-ZIP Hialeah, FL 33010 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]* DATE **4/9/02**

CR2E034 (9/01)