

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90205 007 ***150.00

DOCUMENT # P99000039451

1. Entity Name
FLORIDA DME, INC.



Principal Place of Business
**5945 SW 23 STREET
HOLLYWOOD FL 33023**

Mailing Address
**5945 SW 23 STREET
HOLLYWOOD FL 33023**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0916322**

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

**HERNANDEZ, LAURA
1439 NW 161ST AVE
PEMBROKE PINES FL 33028**

Name

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

10593 NW 15th Street

City

Pembroke Pines

FL

Zip Code

33028

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laura Hernandez*
Signature, typed or printed name of registered agent and title if applicable.

DATE **2-12-03**
Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! - FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HERNANDEZ, LAURA**
STREET ADDRESS **1439 NW 161ST AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PD** ☒ Change ☐ Addition
NAME **Laura Hernandez**
STREET ADDRESS **14593 NW 15 Street**
CITY-ST-ZIP **Pembroke Pines FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Laura Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)