

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042111

1. Entity Name  
UNIVERSAL MEDICAL EQUIPMENT CENTER CORP.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90039 018 \*\*\*150.00

Principal Place of Business 7105 S.W. 8TH STREET SUITE 210 MIAMI FL 33144	Mailing Address 7105 S.W. 8TH STREET SUITE 210 MIAMI FL 33144-4664
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Same as above*

3. Mailing Address  
*Same as above*

City & State	City & State	4. FEI Number <b>65-0935421</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BOZA, JOEL**  
10447 SW 108TH AVENUE  
#E177  
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZA, JOEL 10447 SW 108TH AVENUE MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOZA, JOEL 8310 SW 104 ave #25 Miami FL 33123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)* **4/21/00 (305) 266-9577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)