

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90362 045 ***158.75

DOCUMENT # P99000042111

1. Entity Name

UNIVERSAL MEDICAL EQUIPMENT CENTER CORP. ✓

Principal Place of Business

7105 S.W. 8TH STREET
 SUITE 302
 MIAMI FL 33144

Mailing Address

7105 S.W. 8TH STREET
 SUITE 302
 MIAMI FL 33144-4654

A0070856

2. Principal Place of Business

Suite, Apt. #, etc.

Same as above

3. Mailing Address

Suite, Apt. #, etc.

Same as above

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0935421

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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)

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	PD	<input type="checkbox"/> Delete
NAME	BOZA, JOEL	
STREET ADDRESS	10447 SW 108TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZA, JOEL	
STREET ADDRESS	8310 SW 154 ave #25	
CITY-ST-ZIP	Miami FL 33123	
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

4/26/01 (205) 266-9577

CRFE031 (0/00)