

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043748

1. Entity Name

TWIN MEDICAL EQUIPMENT, INC.

APPROVED
AND
FILED

00 OCT -2 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1385 N.W. 15TH STREET
MIAMI FL 33125

Mailing Address

1385 N.W. 15TH STREET
MIAMI FL 33125

2. Principal Place of Business

1659 SW 67th Ave

3. Mailing Address

1659 SW 67th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0954580

Applied For

Not Applicable

Zip

33155

Country

Miami-Dade

Zip

33155

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R
1385 N.W. 15TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name: METSCH, Benjamin R.
Street Address (P.O. Box Number is Not Acceptable): 1455 NW 14th St.
City: Miami, FL Zip Code: 33145

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

(NOTE: Registered Agent signature required when reinstating)

10/06/00 01130-001
****750.00 ****750.00
9/24/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: PVST
NAME: MALVARES, NORBERTO
STREET ADDRESS: 1385 N.W. 15TH STREET
CITY-ST-ZIP: MIAMI FL 33125 ☐ Delete

TITLE: D
NAME: MALVARES, NORBERTO
STREET ADDRESS: 1385 N.W. 15TH STREET
CITY-ST-ZIP: MIAMI FL 33125 ☐ Delete

TITLE: D
NAME: GINART, LOUIS JR.
STREET ADDRESS: 1385 N.W. 15TH STREET
CITY-ST-ZIP: MIAMI FL 33125 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PVST ☒ Change ☐ Addition
NAME: Malvares, Norberto
STREET ADDRESS: 1659 SW 67th Ave.
CITY-ST-ZIP: Miami, FL 33155

TITLE: D ☒ Change ☐ Addition
NAME: Malvares, Norberto
STREET ADDRESS: 1659 SW 67th Ave.
CITY-ST-ZIP: Miami, Florida 33155

TITLE: D ☐ Change ☐ Addition
NAME: Ginart, Louis Jr.
STREET ADDRESS: 1659 SW 67th Ave.
CITY-ST-ZIP: Miami, Florida 33155

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/14/00 (786) 388-0905
Date Daytime Phone #

CR2E034 (5/00)