

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State
 02-24-2000 90048 005 ***150.00

DOCUMENT # P99000056287

1. Entity Name
EMILY MEDICAL EQUIPMENT INC.

Principal Place of Business
 7990 WEST 34 LANE, UNIT 102-41
 HIALEAH FL 33018

Mailing Address
 7990 WEST 34 LANE, UNIT 102-41
 HIALEAH FL 33018-5063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1840 W. 49 ST
 Suite, Apt. #, etc.
STE #220-7
 City & State
HIALEAH FL
 Zip
33012

Country

3. Mailing Address
 7990 WEST 34 LANE
 Suite, Apt. #, etc.
UNIT 102-41
 City & State
HIALEAH FL
 Zip
33018

Country

4. FEI Number
65-0923181

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FUENTES, ORLANDO
7990 WEST 34 LANE, UNIT 102-41
HIALEAH FL 33018

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 Orlando Fuentes 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, 2000 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 Delete
PRESIDENT
 NAME **FUENTES ORLANDO**
 STREET ADDRESS **7990 WEST 34 LANE UNIT 102-41**
 CITY-ST-ZIP **HIALEAH, FL 33018**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change 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: Orlando Fuentes Date **2/10/00** Daytime Phone # **305-826-8943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)