

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-03-2000 90102 016 ***150.00

DOCUMENT # P99000057282

1. Entity Name

CELOMAR MEDICAL EQUIPMENT, INC.

Principal Place of Business

Mailing Address

15995 COLLINS AVENUE
 SUITE 632
 SUNNY ISLES FL 33160

15995 COLLINS AVENUE
 SUITE 632
 SUNNY ISLES, FL: 33010-5815

2. Principal Place of Business

1790 N.E. 127 St. #D431

3. Mailing Address

1790 NE 127 St. #D431

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI FL

City & State

N. MIAMI, FL

4. FEL Number

65-0936290

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MARCELO, HUMBERTO D
 15995 COLLINS AVENUE
 SUITE 632
 SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name: MARCELO, HUMBERTO D.
 Street Address (P.O. Box Number is Not Acceptable): 1790 N.E. 127 ST. #D431
 City: N. MIAMI FL Zip Code: 33181

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: HUMBERTO D. MARCELO - PRESIDENT

4-25-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	HUMBERTO D. MARCELO	
STREET ADDRESS	1790 NE, 127 ST. # D-431	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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] HUMBERTO D. MARCELO 04-25-00 (305) 9810304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/98)