

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000070667**1. Entity Name
STATE WIDE MEDICAL EQUIPMENT INC.

Principal Place of Business

5101 COLLINS AVE
#10-C
MIAMI BEACH
33140

FL

Mailing Address

5101 COLLINS AVE
#10-C
MIAMI BEACH
33140

FL

2. Principal Place of Business

5101 COLLINS AVE

3. Mailing Address

5101 COLLINS AVE

Suite, Apt. #, etc.

9-H

Suite, Apt. #, etc.

9-H

City & State

MIAMI BEACH

FL

City & State

MIAMI BEACH

FL

Zip

33140

Country

Zip

33140

Country

4. FEI Number

65-0937599

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FIERRO FRANCISCO

5101 COLLINS AVE

#10-C

MIAMI BEACH

33140

US

FL

7. Name and Address of New Registered Agent

Name

VERA MARIA

Street Address (P.O. Box Number is Not Acceptable)

5101 COLLINS AVE

9-H

City

MIAMI BEACH

FL

Zip Code

33140

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 **MARIA VERA**

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

(NOTE: Registered Agent signature required when reinstating)

03/02/2001

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, 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 DPST ☐ Delete
NAME FIERRO FRANCISCO
STREET ADDRESS 5101 COLLINS AVE. #10-C
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME VERA MARIA
STREET ADDRESS 5101 COLLINS AVE. #9-H
CITY-ST-ZIP MIAMI BEACH FL 33140TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **MARIA VERA**

DPST

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)