

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jul 11, 2000 8:00 am
Secretary of State

05-23-2000 90210 031 ***150.00

DOCUMENT # P99000073269

1. Entity Name

INDIMAY MEDICAL EQUIPMENT, INC.

Principal Place of Business

5370 PALM AVE #9
HIALEAH FL 33012

Mailing Address

5370 PALM AVE #9
HIALEAH FL 33012-2766

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0941542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUIJANO, ROGELIO
5370 PALM AVE #9
HIALEAH FL 33012

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD QUIJANO, ROGELIO 5370 PALM AVE #9 HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rogelio Quijano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

305 231-7978

CR2034 (9/99)

DOC # P99000073269
308066

July 5, 2000

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Re: P99000073269

To whom it may concern,

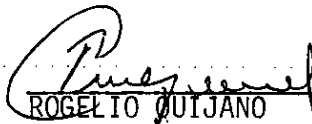
I, Rogelio Quijano president of INDIMAY MEDICAL EQUIPMENT, INC, located at 5370 Palm Ave #9 Hialeah, FL 33012 am writing this letter to explain my delay in returning the annual report to you with the correction it needed.

The reason is that the letter with the request was left by the mail man at another office, where the manager who is the one opening the mail was on vacation. Then after I got it, it took me a while to locate the documentation with the I.D. number.

I am returning the document to you today July 5, exactly 1 month after your letter was sent to me.

I ask you to accept my apology for the delay.

Sincerely,


ROGELIO QUIJANO