

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000073269

1. Entity Name

INDIMAY MEDICAL EQUIPMENT, INC.

FILED
01 SEP 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**

2. Principal Place of Business 5370 Palm Ave.		3. Mailing Address 5370 Palm Ave.	
Suite, Apt. #, etc. # 10		Suite, Apt. #, etc. # 10	
City & State Hialeah, FL.		City & State Hialeah, FL.	
Zip 33012	Country US	Zip 33012	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0941542	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

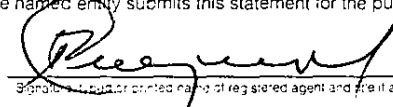
6. Name and Address of Current Registered Agent

Rogelio Quijano
161 E. 53rd ST.
Hialeah, FL. 33013

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  Rogelio Quijano 9/15/01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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**

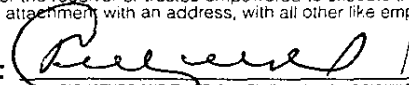
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Quijano, Rogelio 161 E. 53rd ST. Hialeah, FL. 33013	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004629298-5 -10/10/01--01030--007 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

3. 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 9/15/01 (305)231-7978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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INDIMAY MEDICAL EQUIPMENT, INC.
5370 PALM AVE. STE. 10
HIALEAH, FL. 33012

9/15/01

TO: FL. DEPT. OF STATE
DIVISION OF CORP.

I AM SENDING THE ANNUAL REPORT
FOR MY CORPORATION AFTER I SPOKE WITH
A PERSON IN YOUR DEPT. SHE TOLD THAT
BECAUSE I HAD NOT RECEIVED THE ANNUAL
REPORT TO RENEW IT. I HAVE TO GET
A BLANK ONE AND FILL IT UP AND
SEND IT WITH A CHECK FOR \$150.00.

Thank you for your cooperation

Perez