2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State
04-26-2000 90451 001 ***150.00
04-26-2000 90451 002 *****8.75

108006

DOCUMENT # P99000048940

1. Entity Name

B & A MEDICAL EQUIPMENT, CORP. R

Principal Place of Business	Mailing Address
1385 NW 15th STREET MIAMI, FLORIDA 33125	3400 CORAL WAY,STE 600 MIAMI, FL.33145

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951263 ☐ 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
METSCH, BENJAMIN R. 1385 NW 15th STREET MIAMI, FLORIDA 33125	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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARCE, DIEGO	NAME	
STREET ADDRESS	1385 NW 15th STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33125	CITY-ST-ZIP	
TITLE	PVST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ARCE, DIEGO	NAME	
STREET ADDRESS	1385 NW 15th STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33125	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Diego A Arce - DIEGO ARCE 8/24/00 (305)446-2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment P99000078940

108006

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment

[redacted]

DOCUMENT # P99000078940

1. Entity Name

B & A MEDICAL EQUIPMENT CORP.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

2. Principal Place of Business	3. Mailing Address
1150 S.W. 22nd. Street	3400 CORAL WAY
Suite, Apt. #, etc. 5	Suite, Apt. #, etc. 600
City & State Miami, Florida	CITY, FLORIDA
Zip 33129. Country	Zip 33145 Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951263 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIETSCHE BENJAMIN R
1385 NW 15TH STREET
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name: DIEGO F. ARCE
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: _____ 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 $158.00
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	D	TITLE	[X] Change [ ] Addition
NAME	ARCE, DIEGO	NAME	
STREET ADDRESS	1385 NW 15TH STREET	STREET ADDRESS	1150 S.W. 22nd. STREET
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	PVST	TITLE	[X] Change [ ] Addition
NAME	ARCE, DIEGO	NAME	
STREET ADDRESS	1385 NW 15TH STREET	STREET ADDRESS	1150 S.W. 22nd. STREET
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/99)

B & A MEDICAL EQUIPMENT CORP.
1150 SW 22ND ST., STE. 5 305-856-0870
MIAMI, FL 33129-2720

63-1151/670 — 125

DATE 4/1/00

PAY TO THE ORDER OF Dept. of State — $ 150.00

One Hundred fifty & 00/100 DOLLARS

Washington Mutual FDIC

MEMO Annual Rpt for P99000078940 — Diego Arce

⑈267084631⑆379⑈ 284350⑈6⑈ 0125

SIGNATURE: Diego Arce — Diego Arce 4/1/00 (305) 446-2065

PERSONAL MONEY ORDER No. M [redacted] 63-1101/670

Doc# P99000078940

PAY TO THE ORDER OF Department of State — 4/20 19 00

B & A Medical Equipment Corp. — GULF BANK MIAMI, FLORIDA — GULF BANK 38-2513

NOT VALID OVER $500.00

PURCHASER ID# 65-0951263

ADDRESS ID#

NOTICE TO CUSTOMER: THE PURCHASE OF AN IMMEDIATE REFUND IF REQUESTED BEFORE ANY CHECK OR DRAFT IS ISSUED. IF THIS MONEY ORDER IS LOST, STOLEN OR DESTROYED, IT MAY BE REPLACED OR REFUNDED IN THE EVENT IT IS LOST, REPLACED OR STOLEN.

⑈007882⑈ ⑆066018960⑆ 0100187482⑈06

Harvest July

Doc # P99000078940

[redacted] 108006

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796

APR 26 2000

MY 15
POMPANO

BANK OF AMERICA NA JAX
063000047 EA648 98 P26
05/12/00
6740672920

B 1 7 3 8 0 7 8 5

B & A MEDICAL EQUIPMENT CORP.
1150 SW 22ND ST., STE. 5 305-285-0503
MIAMI, FL 33129-2738

63-8413/2670
3709243508

125

DATE 4/10/00

10246

PAY TO THE ORDER OF Dept. of State $ 150.00

ONE Hundred Fifty & 00/100 DOLLARS

Washington Mutual Bank

MEMO Articles of Inc. re P99000078940

Deco Florida

⑈267084131⑈ 379⑈ 284350⑈6⑈ 0125 ⑆00000150.00⑆