

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084469

1. Entity Name

PREFERED MEDICAL EQUIPMENT SUPPLY, INC.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90067 035 ***150.00

Principal Place of Business

1464 SW 48TH AVENUE
FT LAUDERDALE FL 33317

Mailing Address

1464 SW 48TH AVENUE
FT LAUDERDALE FL 33317-5633

2. Principal Place of Business

4699 N. STATE RD 7

Suite, Apt. #, etc.

STE U

City & State

TAMARAC FLORIDA

Zip

33319

Country

USA

3. Mailing Address

4699 N. STATE RD 7

Suite, Apt. #, etc.

STE U

City & State

TAMARAC FLORIDA

Zip

33319

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0951399

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MERCEDES
1464 SW 48TH AVENUE
FT LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

Name RODRIGUEZ, MERCEDES

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

4351 SW 24 ST

City

FT LAUDERDALE

FL

Zip Code

33317

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

Mercedes Rodriguez

Mercedes Rodriguez

3/31/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TORRALVO, FRANCISCO O	
STREET ADDRESS	1464 SW 48TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MERCEDES	
STREET ADDRESS	1464 SW 48TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRALVO FRANCISCO O	
STREET ADDRESS	1464 SW 48 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MERCEDES	
STREET ADDRESS	4351 SW 24 ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Mercedes Rodriguez

Mercedes Rodriguez

3/31/00

954 484 6906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #