

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092048

1. Entity Name

MILLENNIUM MEDICAL EQUIPMENT & SUPPLIES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90089 009 ***150.00

LU052142



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7527A WEST 24TH AVENUE HIALEAH FL 33016		Mailing Address 6020 NORTHWEST 201 STREET MIAMI FL 33015-4888	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7527A West 24th Avenue Suite, Apt. #, etc.	
City & State		City & State Hialeah, FL 33016	
Zip	Country	Zip	Country
33016	USA	33016	USA

4. FEI Number 65-0955970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name: Carmen Rodriguez Street Address (P.O. Box Number is Not Acceptable): 1840 SW 92 PL City: Miami, FL FL Zip Code: 33165
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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: <i>Carmen Rodriguez</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 3/30/00 NOTE: Registered Agent signature required when reinstating)
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORENO, MARIA E 7527 NORTHWEST 24TH AVENUE HIALEAH FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD Carmen Rodriguez 1840 SW 92 PL miami, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORENO, MARCO A 7527 NORTHWEST 24TH AVENUE HIALEAH FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	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: <i>Carmen Rodriguez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 3/30/00 Date	DAYTIME PHONE: 305-821-6020 Daytime Phone #
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CR2E034 (9/99)