

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P99000104043

06-22-2000 90002 016 ***150.00

1. Entity Name

PERFECT MEDICAL EQUIPMENTS, INC.

FILED

00 JUL 24 AM 7:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1825 WEST 44TH PLACE
#911
HIALEAH FL 33012

1825 WEST 44TH PLACE
#911
HIALEAH FL 33012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3750 E 4th ave
Suite, Apt. #, etc.

3750 E 4th ave
Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah, FL

4. FEI Number
05-0967190

Applied For
Not Applicable

Zip
33013 Country
Dade

Zip
33013 Country
Dade

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

VALDES, ERNESTO
1825 WEST 44TH PLACE
#911
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	D VALDES, ERNESTO A 1825 WEST 44TH PLACE #911 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
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 828-3094
Date Daytime Phone #

KE

16 (S) 11 (S) 11 (S)

PERFECT-MEDICAL EQUIPMENT, INC

3750 E 4 AVE
HIALEAH, FL 33010

00065764

2036
20F2
63-643/6
BRANCH 00765

DATE 04-2-00

PAY TO THE
ORDER OF

DIVISION OF CORPORATIONS

\$ 150.00

One hundred and Fifty

00/100

DOLLARS

**FIRST
UNION**

First Union National Bank
R/T 067006432

FLEXIBLE BUSINESS BANKING

FOR

[Signature]

⑈001033⑈ ⑈067006432⑈ 2000006285070⑈

⑈0000015000⑈

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT# 1009068796
JUN 21 2000

2510 66792

JUN 25 00

BANK OF AMERICA, NA JAX
⑈063000047⑈ E2050 98 P30
06/23/00

4434341238 6140870561

7/20/2000

DIVISION OF CORPORATIONS:

Please make note that we already paid for the UBR-2000, here we included copy of the cancelled check #1033, to be applied to this report..

Also here we are returned the UBR received recently from your office.

Awaiting for your reply,

Sincerely,

[Signature]
Ernesto Valdes, President
PERFECT MEDICAL EQUIPMENT, INC.