2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000107739** Jun 12, 2000 8:00 am 1. Entity Name M.R.G. MEDICAL EQUIPMENT, INC. **Secretary of State** 06-12-2000 90039 031 ***150.00 Principal Place of Business Mailing Address 1385 N.W. 15TH ST. 1385 N.W. 15TH ST. MIAMI FL 33125 MIAM! FL 33125 3. Mailing Address incipal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable \$8.75 Additional Country Zip Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name METSCH, BENJAMIN R 1385 N.W. 15TH ST. MIAMI FL 33125 Zip-Gode 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. SIGNATURĖ X DATE egistered Agent signature required when rematating) FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing (equirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State-(See criteria on back)-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN J1 OFFICERS AND DIRECTORS 12. 11. (66/6)Change X Addition TITLE Delete TITLE RODRIGUEZ, PLACIDO NAME JUAN MIGUU NAME CR2E034 STREET ADDRESS STREET ADDRESS 1385 N.W. 15TH ST. CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33125 🔽 Change ☐ Addition TITLÉ Delete TITLE RODRIGUEZ, PLACIDO HAME lacido NAME 945 A SW 8 STREET ADDRESS 1385 N.W. 15TH ST. STREET ADDRESS CITY-ST-ZIP miami CITY-ST-ZIP MIAMI FL 33125 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete ППЕ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Date Daviste Phone