

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00379

1. Entity Name

STAR MEDICAL EQUIPMENT RENTAL, INC.

Principal Place of Business

Mailing Address

1172 S. Dixie Hwy. # 516  
CORAL GABLES, FL. 33146

FILED  
00 FEB -3 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0221913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDO D. ALVAREZ

1172 S. Dixie Hwy.  
# 516  
CORAL GABLES, FL. 33146

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

P/VP/T/D

☐ Delete

CALIXTA C. GARCIA

1172 S. Dixie Hwy. # 516  
CORAL GABLES, FL. 33146

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S/D

☐ Delete

FERNANDO D. ALVAREZ

1172 S. Dixie Hwy # 516  
CORAL GABLES, FL. 33146

TITLE  
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9000003125719-0

-02/07/00--01095-002

\*\*\*\*300.00 \*\*\*\*300.00

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone #