

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20697

1. Entity Name

TRIUMPH MEDICAL EQUIPMENT, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90088 016 \*\*\*150.00

Principal Place of Business

12000 BISCAYNE BLVD  
400  
MIAMI FL 33181  
US

Mailing Address

12000 BISCAYNE BLVD  
400  
MIAMI FL 33181-2720  
US

2. Principal Place of Business

3129 W. HALLANDALE BEACH BLVD  
Suite 106-A

3. Mailing Address

3129 W. HALLANDALE BEACH BLVD  
Suite 106-A



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Pembroke Park, FL.

Suite, Apt. #, etc.

Pembroke Park, FL

4. FEI Number

65-0243424

Applied For

Not Applicable

City & State

Pembroke Park, FL.

City & State

Pembroke Park, FL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip

33009

Country

USA

Zip

33009

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT S SHAPIRO  
12000 BISCAYNE BLVD  
SUITE 400  
MIAMI FL 33181

Name

ROBERT S SHAPIRO

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

3129 W. HALLANDALE BEACH BLVD

Suite 106-A

City

Pembroke Park

FL

Zip Code

33009

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. ☐

**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 ☐ Delete  
NAME SHAPIRO, ROBERT S  
STREET ADDRESS 12000 BISCAYNE BLVD #400  
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3129 W. HALLANDALE BEACH BLVD  
CITY-ST-ZIP PEMBROKE PARK, FL 33009

TITLE ☐ Delete  
NAME TURKTSKY, ERIC  
STREET ADDRESS 1200 BISCAYNE BLVD #400  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3129 W. HALLANDALE BEACH BLVD  
CITY-ST-ZIP Pembroke Park FL 33009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

Daytime Phone #

CR20004 (9/00)