

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # S20697**

1. Entity Name

**TRIUMPH MEDICAL EQUIPMENT, INC.**

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, Apt. #, etc.  
**Suite 106-A**

3. Mailing Address

**3129 W. HALLANDALE BEACH BLVD**  
 Suite, Apt. #, etc.  
**Suite 106-A**



DO NOT WRITE IN THIS SPACE

City & State

**PEMBROKE PARK, FL.**

City & State

**PEMBROKE PARK, FL**

4. FEI Number

**65-0243424**

Applied For

Not Applicable

Zip

**33009**

Country

**USA**

Zip

**33009**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERT S SHAPIRO**  
 12000 BISCAYNE BLVD  
 SUITE 400  
 MIAMI FL 33181

7. Name and Address of New Registered Agent

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. (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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHAPIRO, ROBERT S</b>	
STREET ADDRESS	<b>12000 BISCAYNE BLVD #400</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURKTSKY, ERIC</b>	
STREET ADDRESS	<b>1200 BISCAYNE BLVD #400</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3129 W. HALLANDALE BEACH BLVD</b>	
CITY-ST-ZIP	<b>PEMBROKE PARK, FL 33009</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3129 W. HALLANDALE BEACH BLVD</b>	
CITY-ST-ZIP	<b>Pembroke Park FL 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-00**  
 Date

Daytime Phone #

CP020704 (9/00)