

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50662

1. Entity Name

STAT MEDICAL EQUIPMENT SERVICE, INC.

Principal Place of Business

Mailing Address

636 E. 4TH AVE.  
HIALEAH FL 33010

636 E. 4TH AVE.  
HIALEAH FL 33010-4402

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

65-0259386

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

MIRABAL, JORGE L  
636 E. 4TH AVE.  
HIALEAH FL 33010

Name

GUILLERMO CARNET

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

636 E. 4TH AVENUE

City

HIALEAH

FL

Zip Code  
33010

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

JAN 19, 2000

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 PVST ☒ Delete  
NAME MIRABAL, JORGE L  
STREET ADDRESS 636 E. 4TH AVE  
CITY-ST-ZIP HIALEAH FL 33010

TITLE PVST ☐ Change ☒ Addition  
NAME GUILLERMO CARNET  
STREET ADDRESS 636 E. 4TH AVE  
CITY-ST-ZIP HIALEAH FL 33010

TITLE D ☒ Delete  
NAME MIRABAL, JORGE L  
STREET ADDRESS 636 E. 4TH AVE.  
CITY-ST-ZIP HIALEAH FL 33010

TITLE D ☐ Change ☒ Addition  
NAME GUILLERMO CARNET  
STREET ADDRESS 636 E. 4TH AVE.  
CITY-ST-ZIP HIALEAH FL 33010

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  
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

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

1-19-2000

305-863-8929

Date

Daytime Phone #

FILED

00 MAR -9 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LS