

2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **S 93705**
 1. Entity Name
Best Medical Rentals, Inc.

FILED

01 DEC 21 PM 5:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7511 NW. 73 St #122 Miami, FL 33166 **Same**

2. Principal Place of Business 3. Mailing Address
7511 NW. 73 St **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#122
 City & State City & State
Miami, FL.
 Zip Country Zip Country
33166 USA

2000-2001 **48**

4. FEI Number Applied For
65-0296818 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Leon, Lazar
7511 NW. 73 St #122
Miami, FL 33166

7. Name and Address of New Registered Agent
 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 reinstalling) 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 NAME STREET ADDRESS CITY-ST-ZIP	off Leon, Lazar <input type="checkbox"/> Delete 7511 NW. 73 St. #122 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500004880095--2 -02/05/02--01037--013 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **12/17/01 305 8852701**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

202
BEST MEDICAL RENTALS, INC.

7511 NW 73 STREET # 122

MIAMI - FLORIDA - 33166

PHONE (305) 885-2701

DECEMBER 14, 2001

DEPARTMENT OF STATE

REF: DOCUMENT # S93705

THIS NOTE IS TO INFORM THAT DUE TO THE FLOOD THE LAST YEAR THE BAY WHERE IS THE SHOP HAVE SERIOUS DAMAGE AND AS YOU IMAGINE THE MATERIAL THAT I WORK WITH MUST BE FREE OF ALL DUST OR CORROSION, FOR THIS REASON I HAVE TO MOVE IMMEDIATELY, MAKE A LOT OF CLAIMS TO MY PROVIDERS TO EXCHANGE EQUIPMENTS AND TRY TO AT LEAST KEEP IN BUSSINES, DOING ALL THIS AND TRYING TO SURVIVE WITH THE COMPETENCE TO THIS NEW ADDRESS AND I FORGOT TO INFORM TO YOUR DEPARTMENT OF THIS CHANGE OF ADDRESS.

TODAY I WENT TO THE BANK TO FILE AN APPLICATION FOR A LOAN AND THEY SHOW ME THAT THE CORPORATION WAS NOT RENEWED.

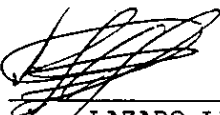
THIS HAPPENS BECAUSE I DIDN'T RECEIVE ANY INFORMATION AND IS BECAUSE I NEVER INFORM TO YOU ABOUT THE MOVING.

NOW IN THE BANK THEY EXPLAIN TO MY THE PROCEDURE AND TIME TO PAY THAT MUST BE BEFORE APRIL.

PLEASE ACCEPT MY PAYMENT AND LATENESS.

THANKS FOR YOUR HELP.

ATTE.



LAZARO LEON
PRESIDENT