

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90157 004 \*\*\*150.00

**DOCUMENT # V37560**

1. Entity Name  
**S.Y.C. HOME MEDICAL EQUIPMENT, INC.**



Principal Place of Business  
**953 SW 122 AVE.  
MIAMI FL 33184  
US**

Mailing Address  
**7891 WEST FLAGLER ST.  
SUITE #265  
MIAMI FL 33144**



2. Principal Place of Business,

**225 Fountainsbleau Blvd  
Suite, Apt. #, etc.  
#172**

3. Mailing Address

**SAME  
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State

4. FEI Number **65-0339528**

Applied For  
Not Applicable

Zip **33172** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOO, SARAH  
14591 SW 26 STREET  
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Evarecia Figueroa**  
Street Address (P.O. Box Number is Not Acceptable)  
**14591 SW 26 ST**  
City **Miami, FL** Zip Code **33175**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **LOO, SARAH**  
STREET ADDRESS **14591 SW 26 STREET**  
CITY-ST-ZIP **MIAMI FL 33175**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME **SAME**  
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  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

**4/17/03**

Date Daytime Phone #

CR2E034 (10/02)