

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90064 044 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # V74039

1. Entity Name RMO MEDICAL EQUIPMENT CORP

Principal Place of Business 5825 WEST 25TH CT. Ste 108 HIALEAH FL 33016

Mailing Address 5825 WEST 25TH CT. Ste 108 HIALEAH FL 33016

2. Principal Place of Business 7760 WEST 20 AVE

3. Mailing Address 7760 WEST 20 AVE

Suite, Apt. #, etc. #20

City & State HIALEAH FL

4. FEI Number 65-1283032

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

Zip 33016 **County** DADE

5. Name and Address of Current Registered Agent

MR. RICARDO NAVIERO JR
5825 WEST 25TH CT #108
HIALEAH FL 33016

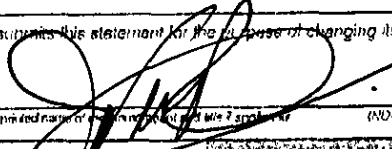
7. Name and Address of New Registered Agent

Name HECTOR VAZQUEZ

Street Address (P.O. Box Number is Not Acceptable) 1790 WEST 49 ST Ste 217

City HIALEAH **FL** **Zip Code** 33012

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:  **DATE:** _____

9. This corporation is eligible to satisfy its tangible tax filing requirement and elects to do so (See criteria on back)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: Jeanette Henoya **DATE:** 4/28/00 **DAYTIME PHONE:** 819-0866