

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K85185

1. Entity Name  
P C HOSPITAL SUPPLIES CORP.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90045 033 \*\*\*150.00

Principal Place of Business      Mailing Address  
~~4896 SW 74 CT.~~ 4846 SW 75 AVE      ~~4896 SW 74 CT.~~ 4846 SW 75 AVE  
MIAMI FL 33155      MIAMI FL 33155-4454

U T A S O O



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
4846 S.W. 75 AVE      4846 SW 75 AVE  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
MIAMI FL      MIAMI FL  
Zip      Country      Zip      Country  
33155      FL      33155      FL

4. FEI Number      Applied For  
65-0124113      Not Applicable

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

6. Name and Address of Current Registered Agent  
BORGES, JUAN R  
~~4896 SW 74 CT.~~ 4846 SW 75 AVE  
MIAMI FL 33155

7. Name and Address of New Registered Agent  
Name      SAME  
Street Address (P.O. Box Number is Not Acceptable)  
4846 SW 75 AVE  
City      Miami      FL      Zip Code      33155

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 \_\_\_\_\_ (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	<del>PST</del> <input checked="" type="checkbox"/> Delete
NAME	BORGES, JUAN ROBERTO
STREET ADDRESS	<del>4896 SW 74 CT</del>
CITY-ST-ZIP	MIAMI FL <del>33155</del> DSTD
TITLE	<input type="checkbox"/> Delete
NAME	BORGES, JUAN R.
STREET ADDRESS	4846 SW 75 AVE
CITY-ST-ZIP	MIAMI FL 33155
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 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	
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: \_\_\_\_\_      Date: 4/1/00      Daytime Phone #: 305-669-9214

CR2E034 (9/99)