

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 002 ***150.00

DOCUMENT # 200000001527

1. Entity Name

CAMPODONICO'S Medical supplies, WC

Principal Place of Business

Mailing Address

10662 W SAMPLE RD.

552949

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10662 W SAMPLE RD.

10662 W SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0977463

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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 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, 2001: 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	<u>President</u>	<input type="checkbox"/> Delete
NAME	<u>Giuseppe Campodónico</u>	
STREET ADDRESS	<u>10662 W SAMPLE RD.</u>	
CITY - ST - ZIP	<u>Coral Springs FL 33065</u>	
TITLE	<u>Vice President</u>	<input type="checkbox"/> Delete
NAME	<u>LAYLA DELGADO</u>	
STREET ADDRESS	<u>10662 W SAMPLE RD.</u>	
CITY - ST - ZIP	<u>CORAL SPRINGS FL 33065</u>	
TITLE	<u>SECRETARY</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>DANNY VAZQUEZ</u>	
STREET ADDRESS	<u>10520 W SAMPLE RD.</u>	
CITY - ST - ZIP	<u>Coral Springs FL 33065</u>	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

954 344 8548