

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 06, 2000 8:00 am Secretary of State

05-31-2000 90096 003 ***150.00

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1. Entity Name

HARVARD WHOLESALE AND MEDICAL SUPPLIES CORP.

Place of Business

Mailing Address

15382 S.W. 177TH TERRACE FL 33187

15382 S.W. 177TH TERRACE MIAMI FL 33187

2. Principal Place of Business

15382 S.W. 177TH TERRACE

3. Mailing Address

15382 S.W. 177TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI - FL

MIAMI - FL

City & State

City & State

Zip

Country

33187

MIAMI - Dade

Zip

Country

33187

MIAMI - Dade

4. FEI Number

22-370-4372

Applied For

Not Applicable

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

ROSALES, SERGIO R. 15382 S.W. 177TH TERRACE MIAMI FL 33187

Name SERGIO R. ROSALES Street Address (P.O. Box Number is Not Acceptable) 15382 S.W. 177TH TERRACE City MIAMI FL Zip Code 33187

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD ROSALES, SERGIO R; VSD ROSALES, RUTH MARINA; TD ROSALES, ERNESTO; Secretary Ruth Rosales Montero.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sergio Rosales 02/23/00 (305) 51-1791

CR2E034 (9/99)