


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90412 009 ***150.00

DOCUMENT # **P99000107488**
1. Entity Name
**HARVARD WHOLESALE AND MEDICAL
SUPPLIES CORP.**



DO NOT WRITE IN THIS SPACE

94080092

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2869 SW 69th COURT
Suite, Apt. #, etc. **-**

3. Mailing Address
2869 SW 69th COURT
Suite, Apt. #, etc. **-**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33155 Country **USA**

Zip
33155 Country **USA**

4. FEI Number
22-3704372

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SERGIO R. ROSALES SR.

Street Address (P.O. Box Number is Not Acceptable)
2869 SW 69th COURT

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SERGIO R. ROSALES, SR. 2869 SW 69th COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSO RUTH MARINA ROSALES 2869 SW 69th COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ernesto ROSALES 2869 SW 69th COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTH ROSALES MONTERO 2869 SW 69th COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D SERGIO R. ROSALES, JR. 2869 SW 69th COURT MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **305**
Date **04-28-04** Daytime Phone # **266-6975**

CR2E034B (12/02)