

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 424361

1. Entity Name

UNIVERSITY PHYSICIANS SUPPLY, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90735 004 ***150.00

Principal Place of Business

217 VALENCIA AVE
CORAL GABLES FL 33134

Mailing Address

217 VALENCIA AVE
CORAL GABLES FL 33134

B0061794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1525451

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOBELIN, NORMAN

2000 PONCE DE LEON BLVD.

CORAL GABLES FL 33134

217 VALENCIA
CORAL GABLES
33134

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, 2002 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 PD
NAME KOBELIN, NORMAN
STREET ADDRESS 4160 SW 152 AVE
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME KOBELIN, NORIS
STREET ADDRESS 4160 SW 152 AVE
CITY-ST-ZIP MIRAMAR FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Norman Kobelin NORMAN Kobelin

X 3/7/2002 305-448-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

ATTACH DOC# 424361



RICHARD J. BROWDY
CERTIFIED PUBLIC ACCOUNTANT

Member of the
American Institute Certified Public Accountants

Member of the
Florida Institute of Certified Public Accountants

9655 South Dixie Highway • Suite 105
Miami, Florida 33156-2813

Phone: (305) 668-4414
Fax: (305) 668-4489

FILING INSTRUCTIONS

2/28/02

STATE OF FLORIDA

CORPORATE ANNUAL REPORT

NAME: University Physician Supply, Inc. YEAR ENDED: 2002

☒ SIGN AND DATE THIS RETURN AND MAIL TO THE ADDRESS INDICATED
BELOW ON OR BEFORE MAY 1, 2002

☒ SIGNATURE MUST BE AN OFFICER OF THE CORPORATION

☒ MAKE THE CHECK PAYABLE TO: DEPARTMENT OF STATE
IN THE AMOUNT OF \$150.00

PLEASE NOTE: PAYMENT MADE AFTER MAY 1, 2001 IS SUBJECT TO AN
ADDITIONAL \$400.00 PENALTY FEE.

MAIL TO:

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

IMPORTANT

BE SURE TO PLACE YOUR CORPORATION'S
IDENTIFICATION NUMBER ON THE CHECK.