

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAY 23 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #	F78671
1. Entity Name	ABC Hospital Equipment & Supply, Inc. ✓ ABC Hospital E. & S., Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
4905 SW 74 Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL			
Zip	Country	Zip	Country
33155-4412			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2193035	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
CUERVO, SYLA	
Street Address (P.O. Box Number is Not Acceptable)	
8150 SW 90TH TERR.	
City	Zip Code
MIAMI	33156
FL	

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 Syla R. Cuervo

Signature, typed or printed name of registered agent and title if applicable. (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	TD
NAME	CUERVO, MARIO S
STREET ADDRESS	1008 CORAL WAY
CITY-ST-ZIP	CORAL GABLES, FL. 22134
TITLE	SD
NAME	CUERVO, SAYDE B
STREET ADDRESS	1008 CORAL WAY
CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	PD
NAME	CUERVO SYLA
STREET ADDRESS	8150 SW 90TH TERR.
CITY-ST-ZIP	MIAMI, FL. 33156
TITLE	VPD
NAME	CUERVO, ANA C.
STREET ADDRESS	8150 SW 90TH TERR.
CITY-ST-ZIP	MIAMI, FL. 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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: Syla Cuervo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April - 24-03

Date

305-665-7422

Daytime Phone #

5/28