

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90129 038 ***150.00

DOCUMENT # L18358

1. Entity Name
CIRCULATORY SUPPORT, INC.

Principal Place of Business

C/O PAT CACACE
15485 SW 78 PL.
MIAMI FL 33157

Mailing Address

C/O PAT CACACE
15485 SW 78 PL.
MIAMI FL 33157



2. Principal Place of Business

3. Mailing Address

6247 Calle de Hidalgo
 Suite, Apt. #, etc.
Navarre FL

6247 Calle de Hidalgo
 Suite, Apt. #, etc.
Navarre FL

City & State

City & State

32560

32560

Zip

Country

Zip

Country

4. FEI Number

65-0150287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CACACE, PAT
15485 SW 78 PL.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name **Pat Caccace (same)**
 Street Address (P.O. Box Number is Not Acceptable)
6247 Calle de Hidalgo
 City **Navarre** **FL** Zip Code **32560**

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

TITLE **D** ☐ Delete
 NAME **CACACE, PAT**
 STREET ADDRESS **15485 SW 78 PL.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
 NAME **CACACE, MARY**
 STREET ADDRESS **15485 SW 78 PL**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED
President **4/16/02** **(305) 798-0334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)