

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 29, 2001 8:00 am
Secretary of State

04-30-2001 90413 040 ***150.00

DOCUMENT # P00000022665

1. Entity Name

INTERNATIONAL MEDICAL INSTRUMENT - SUPPLY INC.

Principal Place of Business

9915 W. OKEECHOBEE RD
 SUITE 5-506
 HIALEAH GARDEN FL 33016

Mailing Address

9915 W. OKEECHOBEE RD
 SUITE 5-506
 HIALEAH GARDEN FL 33016

2. Principal Place of Business

5915 S. Farragut Dr.
 Suite, Apt. #, etc.

3. Mailing Address

5915 S. Farragut Dr.
 Suite, Apt. #, etc.

City & State

Hollywood Florida

City & State

Hollywood Florida

Zip

33021

Country

Zip

33021

Country

4. FEI Number

EIN 65-1013199

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

REYES, ANTONIO
15590 SW 106TH LANE #110
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name **Roland Rincon**
 Street Address (P.O. Box Number is Not Acceptable)
5915 S. Farragut Dr.
 City **Hollywood** FL Zip Code **33021**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	RINCON, ROLAND H	
STREET ADDRESS	4900 TYLER ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REYES, ANTONIO M	
STREET ADDRESS	15590 SW 106TH LN #110	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Roland H Rincon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-01 (454) 8939207

Date

Daytime Phone #

CR2E034 (10/00)