

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061603

1. Entity Name

CARIBBEAN MEDICAL BROKERS, INC.

FILED
Jul 05, 2001 8:00 am
Secretary of State

07-05-2001 90004 047 ***150.00

Principal Place of Business

4366 SEABREEZE DRIVE
JACKSONVILLE BEACH FL 32250

Mailing Address

4366 SEABREEZE DRIVE
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

10191 W Sample Road

3. Mailing Address

10191 W Sample Road

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

4. FEI Number

59-3654143

Applied For

Not Applicable

Zip

33065

Country

Broward

Zip

33065

Country

USA

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

~~STARNES, CHARLES D~~
4366 SEABREEZE DRIVE
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

10191 W Sample Road

Suite 104

City
Coral Springs

FL

Zip Code
33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
STARNES, CHARLES D
4366 SEABREEZE DRIVE
JACKSONVILLE BEACH FL 32250

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Executive Vice President
10191 W Sample Road, Suite 104
Coral Springs FL 33065

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Capella, Les
10191 W Sample Road, Suite 104
Coral Springs FL 33065

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/01

954-752-5603

Date

Daytime Phone #

CR2E034 (10/00)



Specialty Medical Supplies and VitalCare - Partners in Manufacturing

Attachment
0#P00000061603
A08553

June 29, 2001

Department of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Caribbean Medical Brokers, Inc.

Gentleman/Madam

This letter is in response to the 2001 Uniform Business Report sent to the above mentioned taxpayer. The annual report was sent to the wrong address. The correct address is as follows:

Caribbean Medical Brokers, Inc. d/b/a/
Specialty Medical Supplies
10191 W. Sample Road
Suite #104
Coral Springs, FL 33065

We are requesting abatement of the late fee for the reason stated above. We are enclosing a check in the amount of \$150.

If you have any questions please do not hesitate to call.

VTY

Mr. Charles D. Starnes