

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91005 047 ***150.00

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DOCUMENT # P00000072158

1. Entity Name
DESEREE MEDICAL SUPPLY, CORP.



Principal Place of Business
17062 N.W. 56TH COURT
MIAMI FL 33155

Mailing Address
17062 N.W. 56TH COURT
MIAMI FL 33155

2. Principal Place of Business
1800 W 49 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3245

SAME

City & State
MIAMI FL

City & State

Zip

Zip

33012

USA

6. Name and Address of Current Registered Agent

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1026719**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

O'REILLY, DANAY
17062 N.W. 56TH COURT
MIAMI FL 33155

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **O'REILLY, DANAY**
STREET ADDRESS **17062 N.W. 56TH COURT**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **VD** ☒ Delete
NAME **LICUOT, JESUS JR**
STREET ADDRESS **1012 EAST 18TH STREET**
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANAY O'REILLY President 4-1-03 786 255 3745

Date

Daytime Phone #

CR2E034 (10/02)