

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074279

1. Entity Name

MOJICA ORTHOPEDIC SUPPLIES, INC.

Principal Place of Business

Mailing Address

11117 W. Okeechobee Rd. Ste 208 Same
Hialeah Gardens, FL. 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1039650

Applied For

Not Applicable

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

Yakmiladys Mojica
11117 W. Okeechobee Rd. Ste 208
Hialeah, Florida 33018

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LS

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 PD
NAME Yakmiladys Mojica ☐ Delete
STREET ADDRESS 11117 W. Okeechobee Rd. Ste 208
CITY-ST-ZIP Hialeah Gardens, FL. 33018

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2002

(305) 698-2644

FILED

02 JAN 29 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02 UBR

CR2E034 (11/00)

Attachment
Dr. # P0000004279 2002

Mojica Orthopedic Supplies, Inc.

11117 W. Okeechobee Rd. Ste 208

Hialeah, Florida 33018

Phone (305) 698-2644

January 14, 2002

Division of Corporations

P.O.Box # 1500

Tallahassee, Florida 32302-1500

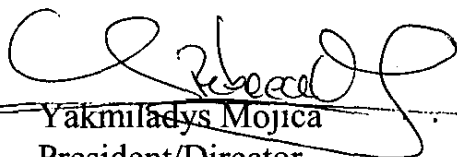
Ref: 2001 UBR (P0000074279)

To whom it may concern:

This letter is to notify that we never received the renewal form for our corporation. We have moved and perhaps the reason for not receiving a notification. This is our first year and unaware of the renewal process. We normally are very careful and pay all items on time. As instructed by your office we hereby request your consideration to waive any penalty fee do to the previously stated reason. Attached please find our 2001 UBR report and a check for \$300.00 to cover the filing cost for 2001 and 2002. Thanking you in advanced I remain.

If you have any questions, please don't hesitate to contact us.

Sincerely Yours,


Yakmiladys Mojica
President/Director