

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90107 023 \*\*\*158.75

**DOCUMENT # P00000083841**

1. Entity Name  
**ACUSUPPLY, INC.**

Principal Place of Business  
**3801 NE 207TH ST. UNIT 501**  
**AVENTURA FL 33180**

Mailing Address  
**3801 NE 207TH ST. UNIT 501**  
**AVENTURA FL 33180**

2. Principal Place of Business

**410 EAST HALLANDALE B. Blvd**

3. Mailing Address

**SAHE AS ABOVE**

Suite, Apt. #, etc.

**SUITE 206-B**

Suite, Apt. #, etc.

City & State

**HALLANDALE FL**

Zip

**33009**

Country

Country

4. FEI Number

**65-1037142**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAGER, FERES**

**3801 NE 207TH ST, UNIT 501**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

**MANUEL ARENAS**

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

**3600 MYSTIC POINTE DR. APT 511**

City

**AVENTURA**

**FL**

Zip Code

**33180**

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 **MANUEL ARENAS**

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 **ARENAS, MANUEL**  
STREET ADDRESS **3801 NE 207TH ST, UNIT 501**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete  
NAME **DAGER, FERES**  
STREET ADDRESS **3801 NE 207TH ST, UNIT 501**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete  
NAME **DAGER, JUDITH**  
STREET ADDRESS **3801 NE 207TH STR**  
CITY-ST-ZIP **AVENTURA FL 33180**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

**MANUEL ARENAS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/28/02**

Date

**305-9329413**

Daytime Phone #

CR2E034 (9/01)