

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90016 036 ***150.00

DOCUMENT # P0000098610

1. Entity Name

Juan Hernandez Medical Supplies Corp.



DO NOT WRITE IN THIS SPACE

44017915

2. Principal Place of Business
16748 N.E. 4TH Court

Suite, Apt. #, etc.

3. Mailing Address
16748 N.E. 4TH Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
North Miami Beach

City & State
North Miami Beach

4. FEI Number
58-1267716

Applied For
Not Applicable

Zip
33162

Country
Miami-Dade

Zip
33162

Country
Miami-Dade

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Juan Hernandez

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

16748 N.E. 4TH Court

City North Miami Beach

FL Zip Code
33162

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

Juan Hernandez / Registered Agent

March 04, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Juan Hernandez / President	16748 N.E. 4TH Court	North Miami Beach, FL 33162
	Steven Torres / Treasure	16748 N.E. 4TH Court	North Miami Beach, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JH

Juan Hernandez / President

March 04, 2004 (305) 690-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)