

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105261

1. Entity Name  
**M.M.A. MEDICAL SUPPLIES INC.**

Principal Place of Business Mailing Address  
**2412 S.W. 137 AVE.**  
**MIAMI, FL. 33175**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

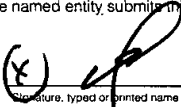
4. FEI Number **65-1087462** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMARILIS RODRIGUEZ**  
**2412 S.W. 137 AVE.**  
**MIAMI, FL. 33175**

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.

SIGNATURE  (X) (NOTE: Registered Agent signature required when reinstating) DATE **4/12/01**

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D/P/T/S</b> <b>AMARILYS RODRIGUEZ</b> <b>2412 S.W. 137 AVE.</b> <b>MIAMI, FL. 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400004704954--5</b> <b>-12/05/01--01002--012</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 01 NOV 30 AM 11:24

DO NOT WRITE IN THIS SPACE

CP 000007/0000

**RE: M. M. A. MEDICAL  
SUPPLIES, INC.**

**When this client came to our office to do the personal return we asked for the annual return form and she stated that she had not received the form. We, in turn, prepared a form for her and she left us a check.**

**We are enclosing the check and form that she now has received.**