

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000108420**
1. Entity Name **Plus Medical Supplies & Equipment Corp.**

APPROVED
AND
FILED

02 JUN 12 PM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3855 SW 137ave
Suite, Apt. #, etc. **Suite 10**
City & State **Miami, FL**
Zip **33175** Country **USA**

3. Mailing Address
3855 S.W 137ave
Suite, Apt. #, etc. **Suite #10**
City & State **Miami, FL**
Zip **33175** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1057210**
Applied For ☐ Not Applicable ☒

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 **Claudia Ortega**
Street Address (P.O. Box Number is Not Acceptable)
9825 SW 49st.
City **Miami** FL Zip Code **33165**

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, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PT. Claudia Ortega 9825 SW 49st Miami, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005820622--6 -06/18/02--01075--019 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.S. Eulalia Larroche 3855 S.W 137ave ste #10 Miami, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

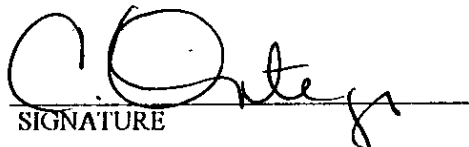
DATE: 6/11/02.

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION Plus medical Supplies & Equipment
DOCUMENT # P000000108420 Corp.

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE


SIGNATURE

Claudia Ortega President.
PRINT NAME/ TITLE