2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109721

1. Entity Name

QUEVEDO MEDICAL Supplies, INC.

FILED
01 JAN -8 AM 10:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: 11401SW 40th street miami florida 33165

Mailing Address: SAME

2. Principal Place of Business: 11401SW 40th street
Suite, Apt. #, etc.: 323
City & State: Miami FL
Zip: 33165
Country: U.S.A

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1060102 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Idanys Quevedo.
18670 Lenaire Dr.
Miami FL 33157

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 [signature]
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P. Idanys Quevedo, 18670 Lenaire Dr, Miami FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003552783--4 -01/18/01--01008--001 ****158.75 ****158.75
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/5/01 305)253-7815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #