

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

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

05-14-2002 90354 012 \*\*\*150.00

DOCUMENT # P01000037638

1. Entity Name

F&K MEDICAL SUPPLY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1830 NW 7 St

Suite, Apt. #, etc.

3. Mailing Address

1830 NW 7 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

DADE

City & State

Miami, FL

Zip

33125

Country

DADE

4. FEI Number

65-1092706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: Frank Gonzalez

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

1830 NW 7 St # 1012

City Miami

FL

Zip Code

33125

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/29/02

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 \$81.25

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: PRESIDENT  
NAME: FRANK GONZALEZ  
STREET ADDRESS: 8345 NW 186 St. Unit 204  
CITY-ST-ZIP: Miami, FL 33015

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 #