

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

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90230 024 ***150.00

DOCUMENT # 901000037638

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.

1012

City & State

Miami FL

Zip

33125

Country

USA

3. Mailing Address

1830 NW 7 ST

Suite, Apt. #, etc.

1012

City & State

Miami FL

Zip

33125

Country

USA

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4. FEI Number

651092706

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)

9345 NW 186 ST APT #204

City

Miami

FL

Zip Code

33015

**DO NOT WRITE
IN THIS SPACE**

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

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 *President*
NAME *Frank Gonzalez*
STREET ADDRESS *1830 NW 7 ST STE 1012*
CITY-ST-ZIP *Miami FL 33125*

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CITY-ST-ZIP

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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:

Frank Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/03 (305) 6441611
Date Daytime Phone #

CR2E034B (12/02)