

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

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-02-2002 90116 045 ***150.00

DOCUMENT # P01000037920

1. Entity Name

FRANCISCO MEDICAL SUPPLY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3811 REDDIT ROAD

3. Mailing Address

3811 REDDIT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3713508

☒ Applied For

☐ Not Applicable

Zip

32822

Country

U.S.A.

Zip

32822

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Rene Serrat

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

955 SW 122 AVE.

City

Miami

FL

Zip Code

33184

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/02

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 \$650.00
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	PRESIDENT SERRAT, RENE M. 3811 REDDIT ROAD ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

4/20/2002

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
#P01000037920 / 38745

**FRANCISCO MEDICAL SUPPLY
955 S.W. 122 AVENUE
MIAMI, FLORIDA 33184**

TO WHOM IT MAY CONCERN:

**I AM WRITING TO INFORM THAT WE HAVE MOVED FROM
OUR ORIGINALLY OFFICE AT:**

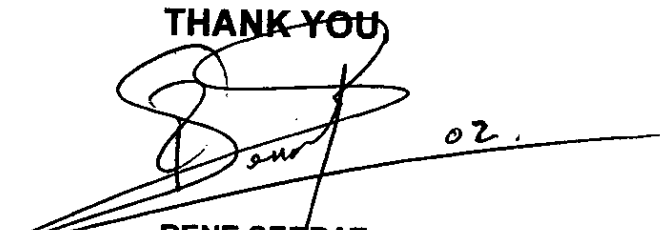
**3811 REDDIT ROAD
ORLANDO, FLORIDA 32822
1-407-903-0505**

OUR NEW ADDRESS:

**955 S.W. 122 AVENUE
MIAMI, FLORIDA 33184
1-305-228-8777
1-305-228-0110 (FAX)**

**UNFORTUNALY DUE TO THE FACT THAT WE HAVE MOVED WE
DID NOT RECEIVE YOUR CORRESPONDENCE ON TIME. WE
HAVE SENT THE 150.00 FEE ALREADY. IN THE DOCUMENT
THAT YOU SENT US, WE HAVE ENCLOSED THE NEEDED
INFORMATION. IF FOR ANY REASON THERE IS ADDITIONAL
INFORMATION THAT IS NEEDED PLEASE FEEL FREE TO
CONTACT US AT OUR OFFICE NUMBER. WE ARE OPEN
MONDAY THROUGH FRIDAY 10:00 A.M. - 4:00 P.M. EASTERN
TIME.**

THANK YOU


**RENE SERRAT
PRESIDENT**