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FILED

May 12, 2002 8:00 am
Secretary of State

04-01-2002 90641 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046070

1. Entity Name

SCARLET'S MEDICAL SUPPLIES, INC.

Principal Place of Business

11117 W. OKEECHOBEE ROAD
HIALEAH GARDENS FL 33018-4212

Mailing Address

11117 W. OKEECHOBEE ROAD
HIALEAH GARDENS FL 33018-4212

2. Principal Place of Business

11117 W Okeechobee Rd

3. Mailing Address

11117 W okeechobee road

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

112

City & State

Hialeah Gardens FL

City & State

Hialeah Gardens FL

Zip

33018

Country

Zip

33018

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1098552

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE CARMEN CAMPOS, MARINA
7132 WEST 29TH AVENUE
HIALEAH FL 33018

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, 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMELA, FELIX L	
STREET ADDRESS	6420 NW 200TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARMEN CAMPOS, MARINA D	
STREET ADDRESS	7132 WEST 29TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02

Date

305-825-9911

Daytime Phone #

CR2E034 (9/01)