

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90206 031 \*\*\*150.00

**DOCUMENT # P01000068776**

1. Entity Name

**BETTER CARE MEDICAL SUPPLIES CORP.**

Principal Place of Business

**6994 WEST 25TH COURT  
HIALEAH FL 33016**

Mailing Address

**6994 WEST 25TH COURT  
HIALEAH FL 33016**

2. Principal Place of Business

**6151 MIRAMAR PKWY  
SUITE 304**

3. Mailing Address

**6151 MIRAMAR PKWY  
SUITE 304**

City & State

**MIRAMAR FL**

City & State

**MIRAMAR FL**

4. FEI Number

**65-1121203**

Applied For

Not Applicable

Zip

**33023**

Country

**-**

Zip

**33023**

Country

**-**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SUAREZ, JOSE R  
6994 WEST 25TH COURT  
HIALEAH FL 33016**

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

**JOSE R SUAREZ**

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

(NOTE: Registered Agent signature required when reinstating)

**4/15/02**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **SUAREZ, JOSE R**  
STREET ADDRESS **6994 WEST 25TH COURT**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **PD** ☐ Delete  
NAME **PROPIN, NAYDA**  
STREET ADDRESS **6994 WEST 25TH COURT**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **SUAREZ NAYDA**  
CITY-ST-ZIP **6994 W 25 CT  
HIALEAH**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**JOSE R SUAREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/15/02**

Daytime Phone #

**954.965.0211**

CR2E034 (9/01)