

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90008 013 ***150.00

019/177 AV

DOCUMENT # P01000081401

1. Entity Name
E & L MEDICAL SUPPLIES INC.

Principal Place of Business

4790 N.W. 7TH ST.
SUITE 212
MIAMI FL 33176

Mailing Address

4790 N.W. 7TH ST.
SUITE 212
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

10154 SW 164 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number

65-1136 236

Applied For

Not Applicable

Zip

Country

Zip

33196

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAMAYO, EDUARDO
31 W 42 ST.
HIALEAH FL 33012

Name
TAMAYO, EDUARDO

Street Address (P.O. Box Number is Not Acceptable)
10154 SW 164 PLACE

City
MIAMI

FL

Zip Code
33196

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
 NAME
TAMAYO, EDUARDO
 STREET ADDRESS
31 W 42 ST.
 CITY-ST-ZIP
HIALEAH FL 33012

☒ Delete

TITLE
D
 NAME
GUADALUPE GONZALEZ, MARIA
 STREET ADDRESS
411 W 31 PL
 CITY-ST-ZIP
HIALEAH FL 33012

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
DP
 NAME
TAMAYO, EDUARDO
 STREET ADDRESS
10154 SW 164 PLACE
 CITY-ST-ZIP
MIAMI, FL 33196

☒ Change ☐ Addition

TITLE
DVP
 NAME
RINCON TAMAYO, SOFIA
 STREET ADDRESS
10154 SW 164 PLACE
 CITY-ST-ZIP
MIAMI, FL 33196

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SOFIA RINCON-TAMAYO U/P 4/25/02 (305) 446-8890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)