

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

DOCUMENT # *PO1000095647*

1. Entity Name  
*Princeton Medical Inc*

FILED

02 APR 17 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*7877 NW 56 St*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami, FL*

City & State

4. FEI Number

*30 0000629*

Applied For

Not Applicable

Zip

*33166*

Country

*NADE*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Carlos L. Luis*

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

*4562 SW 127 Ct*

City

*Miami*

**FL**

Zip Code

*33175*

**DO NOT WRITE  
IN THIS SPACE**

B. 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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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 \$550.00

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

*DP  
Luis, CARLOS L.  
4562 SW 127 Ct  
Miami, FL 33175*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(c), 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 with an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-11-02 5928900*

CARLOS L. LUIS  
4562 SW 127 Court  
Miami, Florida 33175

April 11, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314  
Attn: Annual Reports Section

RE: Ref # PO 01000017582

Dear Sirs,

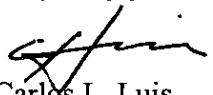
I received your notice dated March 23<sup>rd</sup> regarding Overseas Products Inc. I sent in \$300.00 to cover the annual filing fee for Medical Support Systems of South Florida Inc (\$150.00) and Overseas Products Inc. I had trouble obtaining the Federal ID# from IRS last March and frankly, had completely forgotten about it.

In that it is not my intention to utilize Overseas Products Inc. at this time, I would like to apply the \$150.00 to Princeton Medical Inc. Fed ID#30-0000629-Florida Document # P01000095647. In that I did not receive an annual report for Princeton, I went to the Internet and downloaded the form. The completed form is enclosed as well as a copy of the IRS letter acknowledging the EIN for Princeton Medical Inc.

Should it be necessary for me to **de-activate** Overseas Products Inc., please let me know and advise of the procedure involved and I will comply.

Any questions, please call me at 305 592-8900. I regret any confusion my error may have caused your department. Thanking you in advance for your kind cooperation, I am

Very truly yours

  
Carlos L. Luis  
President and Owner-