

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90032 042 ***158.75

DOCUMENT # P01000096599

1. Entity Name

I. COWAN MEDICAL SUPPLY, CORP.

Principal Place of Business

10850 SW 88 ST #203
 MIAMI FL 33176

Mailing Address

10850 SW 88 ST #203
 MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Cowan 1850 sw 88 st

Suite, Apt. #, etc.

208-A

City & State

Mia FL

Zip

33135

Country

USA

3. Mailing Address

1850 sw 88 st

Suite, Apt. #, etc.

208-A

City & State

Mia Fla.

Zip

33135

Country

USA

4. FEI Number

65-1142284

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, ARNALDO
 10850 SW 88 ST #203
 MIAMI FL 33176

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | IGLESIAS, ARNALDO | |
| STREET ADDRESS | 10850 SW 88 ST #203 | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | COWAN, MIGUEL E | |
| STREET ADDRESS | 2539 SW 17 ST | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| 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 |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| 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:

Arnaldo Iglesias
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan/22/02 (605) 621 1917
 Daytime Phone #

CP2E034 (9/01)