

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90138 001 \*\*\*150.00

**DOCUMENT # P01000096599**



1. Entity Name  
I. COWAN MEDICAL SUPPLY, CORP.

Principal Place of Business  
1850 SW 8 SCT  
208-A  
MIAMI FL 33135

Mailing Address  
1850 SW 8CT  
208-A  
MIAMI FL 33135



2. Principal Place of Business  
1850 SW 8th st  
Suite, Apt. #, etc.  
208-A

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Miami FL

City & State

4. FEI Number 65-1142284

Applied For  
Not Applicable

Zip 33135  
Country USA

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR2E034 (10/02)