

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

FILED

DOCUMENT # P01000098142

1. Entity Name

LA MAR HEALTH SUPPLIES, INC.



03 NOV 19 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7105 SW 8 ST

3. Mailing Address

7105 SW 8 ST

Suite, Apt. #, etc.

STE: 303

Suite, Apt. #, etc.

STE: 303

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

Zip

33144

Country

**REINSTATEMENT** 03

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1145252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name YAMILA D. YENSI

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

6370 LONG LEAF PINE DR

City JUPITER

FL

Zip Code  
33458

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(PD) ZAIDA RIMADA  
9370 SW 24 ST  
MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700025069657  
11/26/03-01010-011 \$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
(VP/S) YAMILA D. YENSI  
6370 LONG LEAF PINE DR  
JUPITER, FL 33458

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 on 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 #

CR2ED34B (12/02)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

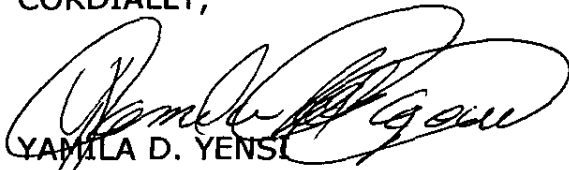
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTION I AM SENDING TO YOU THE FOLLOWING  
LETTER AND UBR FORM COMPLETED I ALSO STATE I NEVER RECEIVED ANY  
NOTICE FROM YOUR OFFICE FOR THE 2003 UNIFORM BUSINESS REPORT.

PLEASE WAIVE ANY LATE FEES IN ORDER TO PROCESS AND ACTIVATE MY  
CORPORATION.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,



YAMILA D. YENSI  
PRESIDENT