

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) (AMENDED)

DOCUMENT # P02000007577

1. Entity Name

H&A MEDICAL SUPPLIES, INC.



FILED

03 APR 29 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1840 West 49th Street

Suite, Apt. #, etc.

Suite 722

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

3. Mailing Address

1840 West 49th Street

Suite, Apt. #, etc.

Suite 722

City & State

Hialeah, FL

Zip

33012

Country

U.S.A.

4. FEI Number

90-0002468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Jorge Luis Vivanco

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

1840 West 49th Street

Suite 722

City

Hialeah

FL

Zip Code  
33012

**DO NOT WRITE  
IN THIS SPACE**

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 Jorge Luis Vivanco - D/P/S/T

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

(NOTE: Registered agent signature required when reinstating)

April 18, 2003

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 D/P/S/T  
NAME Jorge Luis Vivanco  
STREET ADDRESS 1840 West 49th Street, Suite 722  
CITY-ST-ZIP Hialeah, FL 33012

TITLE  
NAME  
STREET ADDRESS 400018573474  
CITY-ST-ZIP 05/03/03--01067--034 \*\*61.25

TITLE V  
NAME Hivell Angulo  
STREET ADDRESS 1840 West 49th Street, Suite 722  
CITY-ST-ZIP Hialeah, FL 33012

TITLE  
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STREET ADDRESS  
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IN THIS SPACE**

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: Jorge Luis Vivanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Luis Vivanco

April 18, 2003

Date

(305)231-2124

Daytime Phone #

CR2E034B (12/02)