

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2003 8:00 am
Secretary of State

01-09-2003 90054 041 ***150.00

DOCUMENT # P02000016647

1. Entity Name
R&B MEDICAL SUPPLIES INC.



Principal Place of Business
**14763 SW 177TH TERR
MIAMI FL 33187**

Mailing Address
**14763 SW 177TH TERR
MIAMI FL 33187**

55052671

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3028536

Applied For

Not Applicable

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

**LUJARDO, ROBERTO
14763 SW 177TH TERR
MIAMI FL 33187**

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

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

(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 **PO** ☐ Delete
NAME **LUJARDO, ROBERTO**
STREET ADDRESS **14763 SW 177TH TERR**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(1), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

Daytime Phone #

(205) 480-5373

CR2E034 (10/02)

Attachment

55052671
#P02000016647

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From : "ALBERTO GONZALEZ" <ANADARES@HOTMAIL.COM>

To : <corphelp@mail.dos.state.fl.us>

Subject : 2003 uniform business report - doc.number P02000016647

Date : Tue, 8 Jul 2003 14:13:15 -0400

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Dear Sirs,

This is to advise that I have just received your "Second Notice" 2003 - Uniform Business Report. However, back in January 2003 I sent this form with my check No. 1089 in the amount of \$150.00, which was collected by you as appeared on the back of the check and in the bank statement. Would you please check this matter and advise me as soon as possible? If necessary I can send you copy of both sides of the check. You can reach me through my accountants e-mail [anadares@hotmail.com](#). or to telephone (305) 229-8256. My accountants are aware of this matter, so you can speak to them as necessary.

Thanks for your attention,

Roberto Lujardo
President
R&B Medical Supplies, Inc.

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