

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90110 037 ***150.00

DOCUMENT # P02000024158

1. Entity Name
EXCLUSIVE ORTHOPEDIC STORE, INC



Principal Place of Business

486 EAST 49 STREET
HIALEAH FL 33013

Mailing Address

486 EAST 49 STREET
HIALEAH FL 33013



2. Principal Place of Business

1800 W. 49th

3. Mailing Address

1800 W. 49th

Suite, Apt. #, etc.

324 R

Suite, Apt. #, etc.

324 R

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

USA

Zip

33012

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

61-1413393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUZA, ODELAISY

486 EAST 49 STREET

HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

Fernandez ALAIN

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

1085 W. 71st apt 1

City

Hialeah

FL

Zip Code

33014

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

3-18-03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAUZA, ODELAISY	
STREET ADDRESS	486 EAST 49 STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAUZA, OLINDA	
STREET ADDRESS	11175 NW 87 PLACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

TITLE	D.P. Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, ALAIN	
STREET ADDRESS	1085 W. 71st apt 1	
CITY-ST-ZIP	Hialeah FL 33014	
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		
CITY-ST-ZIP		
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		
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03 3058230980

Date

Daytime Phone #

CR2E034 (10/02)