

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/29/2003-90067-042-\$150.00-\$150.00

DOCUMENT # P02000027079

1. Entity Name
MEDICAL SUPPLIES U.S.A. CORPORATION



FILED

03 JUN -9 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8035 S.W. 15 STREET
MIAMI FL 33144

Mailing Address
8035 S.W. 15 STREET
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

P.O. Box 0856

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33144

USA

4. FEI Number

020564464

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

VILLAR, JACOBO
8035 S.W. 15 STREET
MIAMI FL 33144

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 re-registering)

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 PD
NAME VILLAR, MANUEL E
STREET ADDRESS 2103 S.W. 105 COURT
CITY-ST-ZIP MIAMI FL 33185 ☐ Delete

TITLE VICE PRESIDENT
NAME MANUEL VILLAR
STREET ADDRESS 8035 S.W. 15 ST
CITY-ST-ZIP MIAMI FL 33144 ☒ Change ☐ Addition

TITLE D
NAME VALLEJO, RAUL A
STREET ADDRESS 2103 S.W. 105 COURT
CITY-ST-ZIP MIAMI FL 33185 ☒ Delete

TITLE PRESIDENT
NAME JACOBO VILLAR
STREET ADDRESS 1830 NW 24th Suite 1005
CITY-ST-ZIP MIAMI FL 33125 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

(786)344-8143

Daytime Phone #

CR2E034 (10/02)