FILED
Jul 15, 2003 8:00 am
Secretary of State
06-24-2003 90011 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031705 (2)

55051371

[redacted]

1. Entity Name: Napoles Medical Service INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
410 W 41st PL	410 W 41st PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah FL
Zip: 33012 / Country: Miami-Dade	Zip: 33012 / Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0641977 ☐ 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: Luis Napoles
Street Address (P.O. Box Number is Not Acceptable): 410 W 41st PL
City: Hialeah FL Zip Code: 33012

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.

SIGNATURE ________ 7/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Luis Napoles
STREET ADDRESS	410 W 41st PL
CITY-ST-ZIP	Hialeah FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 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 #

Attachment 53051371

[redacted]

P02000031705

410 W 41ST Pl Hialeah Fl. 33012

NAPOLES MEDICAL SERVICES INC.

June 19, 2003

Division of Corporations

Dear Officers:

In conversation with some people there, we informed that we never received the regular annual report because we moved last year to other location.

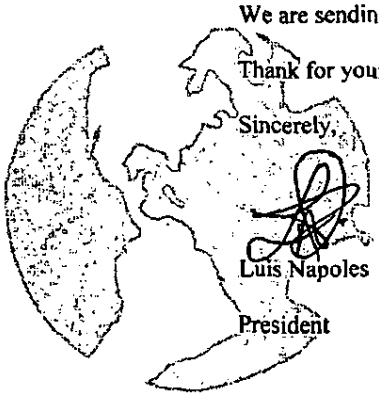
We are sending $150. With the annual report internet form as request by telephone.

Thank for your cooperation

Sincerely,

Luis Napoles

President



All about health care