

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -5 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000032058

1. Entity Name  
HERR MEDICAL SUPPLY INC.



Principal Place of Business  
11117 W OKEECHOBEE RD. #08  
HIALEAH GARDENS, FL 33018

Mailing Address  
11117 W OKEECHOBEE RD. #08  
HIALEAH GARDENS, FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE #108

Suite, Apt. #, etc.

SUITE #108

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3627309

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

HERR, MARIO  
11117 W OKEECHOBEE RD. #08  
HIALEAH GARDENS, FL 33018

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HERR, MARIO  
11117 W OKEECHOBEE RD. #08  
HIALEAH GARDENS, FL 33018

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500020539785  
06/05/03--01024--008 \*\*\$550.00

☐ Change ☐ Addition

TITLE  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO HERR

6/2/03 (305) 828-7427

DATE

Daytime Phone #

CR2E034 (10/02)

2615