

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90166 019 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000032115

1. Entity Name
GNJ MEDICAL SUPPLIES INC.



Principal Place of Business

~~1036 SW 4 CT.~~
~~MIAMI, FL 33184~~

Mailing Address

~~1036 SW 4 CT.~~
~~MIAMI, FL 33184~~

2. Principal Place of Business

1830 NW 7TH ST.
Suite, Apt. #, etc.
1010

3. Mailing Address

1830 NW 7TH ST.
Suite, Apt. #, etc.
1010



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

37-1424941

Applied For

Not Applicable

Zip

33125

Country

MIAMI - DADC

Zip

33125

Country

MIAMI - DADC

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARUNCHO, JAVIER A
1018 SW 3RD ST. #4
MIAMI, FL 33130

7. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D			
	CARUNCHO, JAVIER A			
	1018 SW 3RD ST. #4			
	MIAMI, FL 33130			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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** *Javier A. Caruncho*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/03 **(305)649-5296**
Date Daytime Phone #

CR2E034 (10/02)