

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0149756 AV

**DOCUMENT # P02000040593**

1. Entity Name  
**A & R CHOICE MEDICAL SUPPLIES, INC.**



**11039654**



Principal Place of Business  
**16670 NW 75 AVE  
MIAMI LAKES FL 33015**

Mailing Address  
**16670 NW 75 AVE  
MIAMI LAKES FL 33015**

2. Principal Place of Business

**921 SW 27th Ave suite 1A**

Suite, Apt. #, etc.

3. Mailing Address

**921 SW 27th Ave suite 1A**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**02-0580428**

Applied For

Not Applicable

Zip

**33135**

Country

**USA**

Zip

**33135**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, ALAIN**

**16691 NW 75 AVE**

**MIAMI LAKES FL 33015**

7. Name and Address of New Registered Agent

Name

**ARSENIO CUE**

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

**921 SW 27th Ave suite 1A**

City

**MIAMI**

**FL**

Zip Code

**33135**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/3**

**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 **P** ☒ Delete  
NAME **DIAZ, ALAIN**  
STREET ADDRESS **16670 NW 75 AVE**  
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE **VP** ☒ Delete  
NAME **SUAREZ, VIRGINIO R**  
STREET ADDRESS **16670 NW 75 AVE**  
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **CUE, ARSENIO**  
STREET ADDRESS **921 SW 27th Ave suite 1A**  
CITY-ST-ZIP **MIAMI FL 33135**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/3**

Date

Daytime Phone #

CR2E034 10/02