

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90425 024 \*\*\*150.00

**DOCUMENT # P02000058731**

1. Entity Name  
**S & S MEDICAL SUPPLIES, INC.**



Principal Place of Business  
**11490 NW 87TH CT.  
HIALEAH GARDENS FL 33018**

Mailing Address  
**11490 NW 87TH CT.  
HIALEAH GARDENS FL 33018**



2. Principal Place of Business  
**1800 W 49 st**

3. Mailing Address  
**1800 W 49 st**

Suite, Apt. #, etc.  
**232**

Suite, Apt. #, etc.  
**232**

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

Zip  
**33012**

Country

Zip  
**33012**

Country

4. FEI Number  
**81-0553467**

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

**LATONI, CARLOS  
9701 SW 77TH AVE., #22  
MIAMI FL 33156**

## 7. Name and Address of New Registered Agent

Name **Latoni Carlos**  
Street Address (P.O. Box Number is Not Acceptable)  
**8311 SW 142 Ave S 205**  
City **Miami** FL Zip Code **33183**

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 **Carlos Latoni**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/28/03**

**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	<b>PD RUIZ, MILEIDYS 11490 NW 87TH CT. HIALEAH GARDENS FL 33018</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)