

03-17-2003 90462 033 ***150.00
P02000064886

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

FILED

03 NOV 14 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000064886					
1. Entity Name HABER'S MEDICAL SUPPLIES AND EQUIPMENT INC.					
Principal Place of Business 13255 SW 137 AVE #110 MIAMI, FL 33186			Mailing Address 13255 SW 137 AVE #110 MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-3065750	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HABER, FIDEL E 16611 SW 440 AVE MIAMI, FL 33177			7. Name and Address of New Registered Agent Name Guillermo Diaz Street Address (P.O. Box Number is Not Acceptable) 12035 SW 14 ST # 104 City MIAMI FL Zip Code 33184		
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 <i>[Signature]</i> DATE 11-10-2003 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when missing)					
FILED NOW, IF FEE IS \$150.00 After May 1, 2003 Fee will be \$150.00 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	DP HABER, FIDEL E 13255 SW 137 AVE #110 MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: <i>[Signature]</i>			03-11-03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

CHREC34 (10/02)

Paper 202

MASTER ACCOUNTANTS, PA
ACCOUNTANTS & AUDITORS

12035 SW 14 ST. #104
MIAMI, FL 33184
PHONE: (786) 683-4521
FAX: (305) 229-1356

E-MAIL: MASTERTAXEXPA@AOL.COM

November 10, 2003

SECRETARY OF STATE
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATT: MS. BARBARA MITCHELL, DOC. SPECIALIST

REF: UBR YEAR 2003
HABER'S MEDICAL SUPPLIES AND EQUIPMENT, INC.
DOC.#P02000064886
FEI #75-3065750

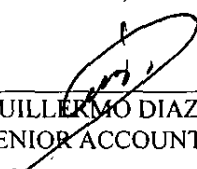
DEAR MADAM,

OUR CORPORATION NEVER RECEIVED A LETTER FROM THE DEPARTMENT OF STATE
REQUESTING CORRECTIONS TO THE UBR FOR THE YEAR 2003.

ATTACHED THE UBR YEAR 2003 CORRECTED.

WE REALLY APPRECIATE YOUR ATTENTION.

SINCERELY,



GUILLERMO DIAZ, CP
SENIOR ACCOUNTANT