

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90463 049 ***150.00

DOCUMENT # P02000071620

1. Entity Name
YARISNELY MEDICAL SUPPLY INC.



Principal Place of Business
**8475 SW 94 ST APT 219 E
MIAMI, FL 33156**

Mailing Address
**8475 SW 94 ST APT 219 E
MIAMI, FL 33156**

2. Principal Place of Business

10240 SW 96 ST

3. Mailing Address

10240 SW 96 ST

Suite, Apt. #, etc.

113 B

Suite, Apt. #, etc.

113 B

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33165

Country

USA

Zip

33165

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0467473**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COBOS, CELSO D
8475 SW 94 ST APT 219 E
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name **COBOS, CELSO D**

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

10240 SW 96 ST + 113 B

City

MIAMI, FL

State

Zip Code

33165

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

03-12-03

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 **PSTD** ☐ Delete
NAME **COBOS, CELSO D**
STREET ADDRESS **8475 SW 94 ST APT 219 E**
CITY-STATE-ZIP **MIAMI, FL 33156**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **COBOS, CELSO D**
STREET ADDRESS **10240 SW 96 ST + 113 B**
CITY-STATE-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-03

Date

Daytime Phone #

CR2E034 (10/02)