

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0044272 AV

DOCUMENT # P02000098109

1. Entity Name

ROYAL MEDICAL SUPPLY, INC.



FILED

03 JUL 17 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

940 NE 79TH STREET
SUITE D
MIAMI FL 33138

Mailing Address

940 NE 79TH STREET
SUITE D
MIAMI FL 33138

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

02-0642393

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

7. Name and Address of New Registered Agent

ROMERO, MARIA
940 NE 79TH STREET
SUITE D
MIAMI FL 33138

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	PD ROMERO, MARIA 940 NE 79TH STREET SUITE D MIAMI FL 33138	<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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900021621979 07/17/03--01027--006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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

July 7th 2003

Date

Daytime Phone #

CR2E034 (4/03)

July 7th, 2003

Florida Department of State
Division Of Corporation
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P02000098109
ROYAL MEDICAL SUPPLY, INC.
940 NE 79th Street
Suite D
Miami, FL 33138

To Whom It May Concern:

I just received the noticed for filing the Uniform Business Report. I did know that I had to pay so much until I called my accountant and he told me that this one was the second notice. That I had to have received a first one, but I haven't. Is there is any way that my fee for \$400.00 can be waived? Please let me know. I am sending the form electronically.

Sincerely,



Maria Romero