

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

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90136 031 \*\*\*150.00

0076018 AV

**DOCUMENT # P02000112676**

1. Entity Name

**CCLL MEDICAL SUPPLIES, INC.**

(L)



Principal Place of Business

**514 LAKESIDE CIRCLE  
SUNRISE FL 33326**

Mailing Address

**514 LAKESIDE CIRCLE  
SUNRISE FL 33326**

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

**52-2384584**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEON-LAURENT, MARIO  
514 LAKESIDE CIRCLE  
SUNRISE FL 33326**

7. Name and Address of New Registered Agent

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

| TITLE | NAME     | STREET ADDRESS             | CITY-ST-ZIP                                     | <input type="checkbox"/> Delete |
|-------|----------|----------------------------|---|---------------------------------|
|       | <b>D</b> | <b>LEON-LAURENT, MARIO</b> | <b>514 LAKESIDE CIRCLE<br/>SUNRISE FL 33326</b> |                                 |
|       |          |                            |   |                                 |
|       |          |                            |   |                                 |
|       |          |                            |   |                                 |
|       |          |                            |   |                                 |
|       |          |                            |   |                                 |
|       |          |                            |   |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME     | STREET ADDRESS             | CITY-ST-ZIP                                     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------|----------------------------|---|--|-----------------------------------|
|       | <b>P</b> | <b>LEON-LAURENT, MARIO</b> | <b>514 LAKESIDE CIRCLE<br/>SUNRISE FL 33326</b> |  |                                   |
|       |          |                            |   |  |                                   |
|       |          |                            |   |  |                                   |
|       |          |                            |   |  |                                   |
|       |          |                            |   |  |                                   |
|       |          |                            |   |  |                                   |
|       |          |                            |   |  |                                   |

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

**7-23-2003 (954) 294-3639**

Date Daytime Phone #

CR2E034 (4/03)

Attachment #

CCLL Medical Supplies Inc.  
514 Lakeside Circle  
Sunrise, FL 33326

July 23, 2003  
Uniform Business Reports  
Division of Corporations

901473423  
PO2000112676

To Whom It May Concern:

I am writing to request a waiver of the late filing fee for the Uniform Business Report. Please be advised that CCLL Medical Supplies INC. did not receive a filing notice prior to the 60 day notice that the corporation will be administratively dissolved. I am sorry for the delay in filing and for all future years I will be sure to file in a timely manner.

Your consideration in this matter is greatly appreciated.

Thank you for your assistance,



Mario Leon-Laurent  
President

LEON, MARIO

LEON, MARIO