


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

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90291 027 ***158.75

DOCUMENT # P02000115498 1. Entity Name A PP Medical supplies And Services INC.	
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DO NOT WRITE IN THIS SPACE

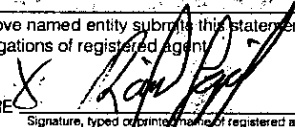
2. Principal Place of Business 4141 SW 12 Ave Suite, Apt. #, etc. City & State Miami FLA Zip 33173	3. Mailing Address Suite, Apt. #, etc. City & State City Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3086412	Applied For Not Applicable
5. Certificate of Status Desired A	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	Name Lopez Raul
	Street Address (P.O.-Box Number is Not Acceptable) 10300 SW 66 ST
	City Miami FL Zip Code 33173

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  **08-5-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PD	NAME LOPEZ RAUL	TITLE	NAME
STREET ADDRESS 10300 SW 66 ST	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Miami, FL. 33173	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE  **08-05-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment # 80137759

08/06/03

A P P Medical Supplies and Services Inc
4141 S.W. 112 ave
Miami Florida 33173

Document Number P02000115498

Please be advised I am requesting you to wave the penalty for being late on my UBR for the year 2003, because I did not receive my UBR form. Any question, please call me at 786 326-0680.

Thank you



Raul Lopez