

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN -6 PM 3:37

TALLAHASSEE FLORIDA

200025387082

12/10/03--01034--005 **\$1.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000002955

1. Entity Name

POWER MEDICAL SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13500 S.W. 88TH Street

3. Mailing Address
13500 S.W. 88TH Street

Suite, Apt. #, etc.
Suite # 285B

Suite, Apt. #, etc.
Suite # 285B

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33186

Country
Dade

Zip
33186

Country
Dade

4. FEI Number
02-0662643

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Yordanka Del Toro

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

13500 S.W. 88th Street

City
Miami

FL Zip Code
33186

DO NOT WRITE
IN THIS SPACE

*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 the fee applicable.

(NOTE: Registered Agent signature required when reinstating)

11/19/2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Yordanka Del Toro VP
13500 S.W. 88th Street, Suite # 285 B
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200025387082
01/06/04--01039--007 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nelson Fernandez P
13500 S.W. 88th Street, Suite # 285 B
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2003 (305) 207-3090

Date

Daytime Phone #

CR2E034B (12/02)