

2004

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P04000113266**
CLINICAL CORE SUPPLIES



Principal Place of Business

Mailing Address

8100 Geneva Ct.
APT 143 C
MIAMI 33166

2. Principal Place of Business

3. Mailing Address

8100 Geneva Ct**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 143 C**Same**

City & State

City & State

MIAMI - FL**Same**

Zip

Country

Zip

Country

33166**U.S.A.****Same****Same**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GUODOLUPE BUTIERREZ

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

8900 S.W. 107 AVE SUITE 313

City

MIAMI

FL

Zip Code

33176

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 filer, as applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Sept. 23-2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **• PSTD**
STREET ADDRESS **• Marco Aurelio Cantiva**
CITY-ST-ZIP **• 8100 Geneva Court 143C**
• Miami Florida 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **000060203250**
STREET ADDRESS **10/04/05--01012--004 **150.00**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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)(1), 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, typed or printed name of signing officer or director

PRESIDENT**Sept 23/2005 (305) 4189183****T. Roberts OCT 27 2005**

05 NOV 30 PM 1:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

42-1640426

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

CR2034 (10/02)

Pg 2 of 2

Miami, FL September 23 2005

Department of State
Division of Corporations
Uniform Business Report
P. O. BOX 1500
Tallahassee, FL 32302-1500

REF: CLINICAL CARE SUPPLIES, INC
DOCUMENT-NUMBER P04000113266

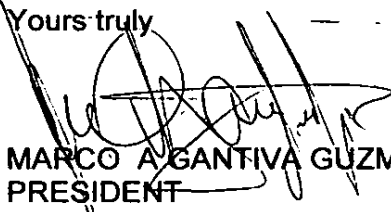
Dear Sir or Madam:

I wish to inform you that I never received the 2005 Uniform Business Report for CLINICAL CARE SUPPLIES, INC

I have only now realized that I owe the 2004 fees, and respectfully request that CLINICAL CARE SUPPLIES, INC be excused from paying the some penalty.

Many thanks for your attention.

Yours truly


MARCO A GANTIVA GUZMAN
PRESIDENT