

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0296926 AV

DOCUMENT # P93000076069

1. Entity Name
ORANGE CROSS MEDICAL SUPPLY, INC.



FILED

03 SEP 16 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2450 SW 137TH AVE.
#212
MIAMI FL 33175

Mailing Address
2450 SW 137TH AVE.
#212
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3208145

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATEM, RAUL JR.
2450 S.W. 137TH AVE., STE. 212
MIAMI FL 33175

Name Idania Rodriguez
Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137th Ave Ste 212
City miami FL Zip Code 33155

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 PT
NAME HATEM, RAUL JR.
STREET ADDRESS 2450 S.W. 137TH AVE., STE. 212
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE PVST
NAME Idania Rodriguez
STREET ADDRESS 2450 SW 137th Ave, Ste 212
CITY-ST-ZIP MIAMI, FL 33155 ☐ Change ☒ Addition

TITLE VS
NAME HATEM, RAUL JR.
STREET ADDRESS 2450 S.W. 137TH AVE., STE. 212
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200023301712
09/24/03--01018--004 **\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)