

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031273

1. Entity Name

GOLDEN AGE MEDICAL SUPPLY, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90072 015 ***150.00

Principal Place of Business

Mailing Address

1490 W. 49TH PLACE
SUITE 216-B
HIALEAH FL 33012

1490 W. 49TH PLACE
SUITE 216-B
HIALEAH FL 33012-3148

2. Principal Place of Business

3. Mailing Address

11300 NW. 87 COURT.

11300 NW 87 COURT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#117

117

City & State

City & State

Hialeah Garden.

Hialeah Garden. FL.

Zip

Country

Zip

Country

FL-33018

DADE.

33018

4. FEI Number

65-0480938

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

CHIRINO, YOLANDA
15155 N.W. 89 COURT
MIAMI FL 33018

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CHIRINO, YOLANDA
STREET ADDRESS 1490 W. 49TH PL., SUITE 216B
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-17-00

CR2E034 (9/99)