

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031430

1. Entity Name

DOUBLE-A-PLUS MEDICAL SUPPLIES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90027 007 ***150.00

Principal Place of Business

Mailing Address

6073 N.W. 167 ST. UNIT C-7
MIAMI FL 33015

6073 N.W. 167 ST. UNIT C-7
MIAMI FL 33015-4314

2. Principal Place of Business

14025 SW 142 Ave.

3. Mailing Address

14025 SW 142 Ave.

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0484953

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

Country

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

ALBARRACIN, MARIO
11255 S.W. 160 CT.
MIAMI FL 33196

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 ☐ Delete
NAME ALBARRACIN, MARIO
STREET ADDRESS 11255 S.W. 160 CT..
CITY-ST-ZIP MIAMI FL 33196

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

TITLE ☐ Delete
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

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: *Mario Albarracin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

305-251-0380

Daytime Phone #

CR2E034 (9/99)