

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90073 001 \*\*\*150.00

DOCUMENT # **P94000052608**  
 Entity Name  
**M.B. MEDICAL SUPPLY, INC.**

Principal Place of Business  
**SW 74TH AVE.**  
**FL 33155**

Mailing Address  
**4438 SW 74TH AVE.**  
**MIAMI FL 33155-4408**  
**US**

**835850**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>12855 SW 136 Ave</b>		3. Mailing Address <b>12855 SW 136 Ave</b>	
Suite, Apt. #, etc. <b>Suite 211</b>		Suite, Apt. #, etc. <b>Suite 211</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33186</b>	Country <b>USA</b>	Zip <b>33186</b>	Country <b>USA</b>

4. FEI Number **65-0507151** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent <b>VELAZQUEZ, ANDRES R</b> <b>4438 SW 74TH AVE.</b> <b>MIAMI FL 33155</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12855 SW 136 Ave</b> <b>Suite 211</b> City <b>Miami, FL</b> Zip Code <b>33186</b>	
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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 DATE **04/13/00**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>PVST</b>	NAME <b>VELAZQUEZ, ANDRES R</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>VELAZQUEZ, ANDRES R</b>
STREET ADDRESS <b>4438 SW 74TH AVE.</b>	CITY-ST-ZIP <b>MIAMI FL 33155</b>	STREET ADDRESS <b>12855 SW 136 Ave suite 211</b>	CITY-ST-ZIP <b>MIAMI, FL. 33186</b>
TITLE <b>D</b>	NAME <b>VELAZQUEZ, ANDRES R</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>VELAZQUEZ, ANDRES R</b>
STREET ADDRESS <b>4438 SW-74TH AVE.</b>	CITY-ST-ZIP <b>MIAMI FL 33155</b>	STREET ADDRESS <b>---</b>	CITY-ST-ZIP <b>---</b>
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **04/13/00** (305) 232-9795 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR