

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90160 042 ***150.00

DOCUMENT # P94000088654

1. Entity Name

MEDICAL SUPPLY PLUS, INC.

831058

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4143 SW 74TH CT

3. Mailing Address

13800 SW 8TH ST.

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

257

City & State

MIAMI FL. 33155

City & State

MIAMI FL. 33184

Zip

33155

Country

MIAMI-DADE

Zip

33184

Country

MIAMI-DADE

4. FEI Number

65-0538596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

| | | | |
|-----------------------|------------------------|-----------------------|--|
| TITLE | HIRENIO MORENO | TITLE | |
| NAME | 13878 SW 38 ST. | NAME | |
| STREET ADDRESS | MIAMI FL. 33175 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 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 #

HIRENIO MORENO (President) 4/5/02 (305) 262-4200

CR2E034B (12/01)