

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90067 024 ***150.00

DOCUMENT # P94000088654

1. Entity Name
MEDICAL SUPPLY PLUS, INC.



Principal Place of Business
4143 SW 74TH CT
STE 100
MIAMI FL 33155
US

Mailing Address
13800 SW 8TH ST
#257
MIAMI FL 33184
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0538596

Applied For

Not Applicable

Zip

Country

Zip

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

HIRENTO, MORENO
13878 SW 38 ST.
MIAMI FL 33184

Name **Hirenio Moreno**

Street Address (P.O. Box Number is Not Acceptable)
4143 SW 74th #100

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 fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Hirenio Moreno (President) 4/1/03

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 **P** ☒ **Delete**
NAME **HIRENIO, MORENO**
STREET ADDRESS **13878 SW 38 ST.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **President** ☒ **Change** ☐ **Addition**
NAME **Hirenio Moreno**
STREET ADDRESS **4143 SW 74th #100**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President) 4/1/03 (305)262-4200

Date

Daytime Phone #

CR2E034 (10/02)