

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092623

1. Entity Name
S & M MEDICAL SUPPLY, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90102 037 ***550.00

Principal Place of Business

1570 W. 43 PL
SUITE ~~24~~ 9
HIALEAH FL 33012

Mailing Address

1570 W. 43 PL
SUITE ~~24~~ 9
HIALEAH FL 33012

2. Principal Place of Business

1570 W 43 PL

Suite, Apt. #, etc.
SUITE 9

City & State

HIALEAH, FL

Zip

33012

Country

MIAMI-DADE

3. Mailing Address

1570 W 43 PL

Suite, Apt. #, etc.
SUITE 9

City & State

HIALEAH, FL

Zip

33012

Country

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0542156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, SILVIO
1570 W. 43 PL
SUITE ~~24~~ 9
HIALEAH FL 33012

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
MARTINEZ, SILVIO
1570 W. 43 PLACE, SUITE ~~24~~ 9
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1570 W 43 PL
SUITE 9
HIALEAH, FL 33012 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE RISILVIO MARTINEZ

07/12/2000 305-825-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)