

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022797

1. Entity Name

GEO-MEDICAL FORMS & SUPPLIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90127 030 ***150.00

Principal Place of Business

Mailing Address

~~2804~~
~~300 NORTH 29 AVENUE~~
HOLLYWOOD FL 33020

~~2500 NW 79TH AVE~~
~~LEGAL DEPARTMENT~~
~~MIAMI FL 33122-1071~~
~~46~~
2804 N. 29th Ave
Hollywood FL
33020

UUUJ04J4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593787

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

~~GONE, PERRY I~~
~~2500 N.W. 79TH AVENUE~~
~~MIAMI FL 33122~~

AL ESPER
2804 N. 29th Ave
Hollywood FL 33020

Name

AL Esper

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

2804 N. 29th Avenue

City

Hollywood

FL

Zip Code

33020

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 DP ☐ Delete
NAME ESPER, GEORGE
STREET ADDRESS ~~300 N. 29th Ave~~ 2804 N. 29th Ave
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE ~~DE~~ ☒ Delete
NAME ALVAREZ, JOSE M.
STREET ADDRESS 2500 NW 79 AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE DV ☐ Delete
NAME ESPER, AL
STREET ADDRESS ~~3912 N. 29th Ave~~ 2804 N. 29th Ave
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE ~~DT~~ ☒ Delete
NAME TORCAS, ED S.
STREET ADDRESS ~~2500 NW 79 AVE.~~
CITY-ST-ZIP MIAMI FL

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

TITLE DV ☒ Delete
NAME FERNANDEZ, SERGIO
STREET ADDRESS 2500 NW 70 AVE.
CITY-ST-ZIP MIAMI FL 33122

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

TITLE ~~S~~ ☒ Delete
NAME GONE, PERRY I
STREET ADDRESS ~~2500 NW 79TH AVE~~
CITY-ST-ZIP MIAMI FL 33122

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:

AL ESPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

954-922-7404

Daytime Phone #

CR2E034 (9/99)