

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029225

1. Entity Name
ARIAD MEDICAL SUPPLIES, INC.

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

04-25-2000 90044 007 ***150.00

Principal Place of Business
3900 NW 79TH AVE
STE 562
MIAMI FL 33166
US

Mailing Address
3900 NW 79TH AVE
STE 562
MIAMI FL 33174-3201
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **65-0572889**
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

TREHNS, CELICE
3900 NW 79TH AVE
STE 562
MIAMI FL 33166

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 _____ DATE _____
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

TITLE PDS
NAME TREHNS, CELICE
STREET ADDRESS 3900 NW 79TH AVE STE 562
CITY-ST-ZIP HIALEAH FL 33166

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PDS
NAME TREHNS CELICE
STREET ADDRESS 8798 SW 8 ST SUITE #3
CITY-ST-ZIP MIAMI FL 33174

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

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TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)