

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90040 021 ***150.00

DOCUMENT # P95000029225

1. Entity Name

ARIAD MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

3900 N.W. 79TH AVE STE. 562
 MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

10516 W. FLAGLER ST 10516 W. FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI / FLORIDA

City & State

MIAMI / FLORIDA

4. FEI Number

65-0572889

Applied For

Not Applicable

Zip

33174

Country

Zip

33174

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

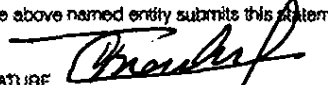
6. Name and Address of Current Registered Agent

TRENKS, CELICE
 3900 N.W. 79TH AVE STE. 562
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name TRENKS, CELICE
 Street Address (P.O. Box Number is Not Acceptable) 10516 W. FLAGLER ST.
 City MIAMI FL Zip Code 33174

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  CELICE TRENKS / PRESIDENT 4/27/01
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

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, 2001 Fee will be \$500.00
 State Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

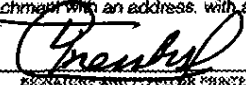
TITLE	PDS	☐ Delete
NAME	TRENKS, CELICE	
STREET ADDRESS	10516 W. FLAGLER STREET	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	☒ Change ☐ Addition
NAME	TRENKS, CELICE	
STREET ADDRESS	10516 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

 CELICE TRENKS

4/27/01 (305) 228-9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exemption 119.07(3)(i)

CR2E034 (11/00)