

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90197 024 ***150.00

DOCUMENT # P95000031917

1. Entity Name

VIRGO MEDICAL SUPPLY, INC.

Principal Place of Business

**1676 SW 25TH AVE
 MIAMI FL 33145
 US**

Mailing Address

**1676 SW 25TH AVE
 MIAMI FL 33145
 US**

2. Principal Place of Business

**1385 CORAL WAY
 Suite, Apt. #, etc.
 201 A.**

3. Mailing Address

**1385 CORAL WAY
 Suite, Apt. #, etc.
 201 A.**

City & State

MIAMI, FLA

City & State

MIAMI, FLA

4. FEI Number

65-0574378

Applied For

Not Applicable

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUTIERREZ, JOSE F
 1676 S.W. 25TH AVE.
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

1385 CORAL WAY

#201 A.

City

MIAMI

FL

Zip

33145

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 12, 2001 Fee 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 **PD** ☐ Delete
 NAME **GUTIERREZ, JOSE F**
 STREET ADDRESS **1676 S.W. 25TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1385 CORAL WAY #201 A**
 CITY-ST-ZIP **MIAMI, FLORIDA 33145**

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

TITLE ☐ Change ☐ Addition
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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 reports 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 information required.

SIGNATURE:

JOSE F. GUTIERREZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment # T950000 31917

C607410916

VIRGO MEDICAL SUPPLY, INC.
1385 CORAL WAY
SUITE #201A
MIAMI, FLORIDA 33145

Miami, July 26, 2001

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee, Florida 32302-1500

Dear Sir:

As per our phone conversation, I am sending the 2001 report with the initial fee since the first notice never got to my office.

I am going to make sure that if I don't receive one next year, I will be calling you for an extra form to file the report on time.

Sincerely yours


Jose E. Gutierrez
President