

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90063 016 ***150.00

DOCUMENT # P95000042272

1. Entity Name
OCEAN MEDICAL SUPPLIES INC.



Principal Place of Business
**801 W 49 ST
SUITE 202
HIALEAH FL 33012**

Mailing Address
**201 WEST 50 ST
HIALEAH FL 33012**

2. Principal Place of Business

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10150 NW 1338

Suite, Apt. #, etc.

House

City & State

Hialeah garden, FL

Zip

33018

Country

DADE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0584480**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GUERRA, ISABEL
801 W 49 ST
SUITE 202
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GUERRA, ISABEL
801 W 49 ST SUITE 202
HIALEAH FL 33012** ☐ Delete

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

TITLE
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SANTOS, ISABEL
801 W 49 ST SUITE 202
HIALEAH FL 33012** ☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03

Date

505 823 7103

Daytime Phone #

CR2E034 (10/02)