

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085911

1. Entity Name

RIGHT AWAY MEDICAL SUPPLY, INC.

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

03-22-2001 90011 039 ***150.00

Principal Place of Business

7275 N.W. 68TH STREET
SUITE #2
MIAMI FL 33166
US

Mailing Address

7275 N.W. 68TH STREET
SUITE #2
MIAMI FL 33166
US

2. Principal Place of Business

7275 NW 68 St.
#2

3. Mailing Address

7275 NW 68 St.
#2

City & State

MIAMI FL 33166

City & State

MIAMI, FL
33166

4. FEI Number

65-0621782

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R ESQ.
1385 N.W. 15TH STREET
MIAMI FL 33125

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

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, 2001 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 PVST
NAME ABREUT, JORGE
STREET ADDRESS 7275 N.W. 68TH STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE D
NAME ABREUT, JORGE
STREET ADDRESS 7275 N.W. 68TH STREET
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
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

3/19/01

Date

Daytime Phone #

CR2E034 (10/00)