

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000088897**

1. Entity Name

SILSAMI MEDICAL SUPPLIES INC.**FILED**
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90009 050 ***150.00

Principal Place of Business

Mailing Address

1840 W 49TH ST
603-4
HIALEAH FL 33012
US1840 W 49 ST
603-4
HIALEAH FL 33012-2942
US

2. Principal Place of Business

3. Mailing Address

907 SW 87 Ave.

907 SW 87 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-0630970

Applied For

Not Applicable

Zip 33174

Country

USA

Zip

33174

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, ALEJANDRINA
2941 SW 124 CT.
MIAMI FL 33175

Name

ALEJANDRINA PEREZ

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

2501 SW 78 CT.

City

MIAMI

FL

Zip Code

33155

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)

1-12-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PEREZ, ALEJANDRINA
STREET ADDRESS 2501 S.W. 78 COURT
CITY-ST-ZIP MIAMI FL 33155TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

305-267-0817

Daytime Phone #

CR2E034 (9/99)