

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004218

1. Entity Name

INTERCONTINENTAL MEDICAL SUPPLIES, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90046 029 ***158.75

Principal Place of Business

Mailing Address

5901 NORTHWEST 151 STREET
#105B
MIAMI FL 33014
US

7947 NORTHWEST 187 TERRACE
MIAMI FL 33015-5218

2. Principal Place of Business

3. Mailing Address

5901 N.W. 151 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105B

City & State

City & State

Miami FL

Zip

Country

Zip

Country

33014

USA

4. FEI Number

65-0634843

Applied For

Not Applicable

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

VICTORES, CLARIVEL
7947 N.W. 187TH TERRACE
MIAMI FL 33015

Name

Natividad Diaz

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

20031 N.W. 63 CT

City

Miami

FL

Zip Code

33015

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

Natividad Diaz, President Natividad Diaz 1/05/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD
STREET ADDRESS DIAZ, NATIVIDAD
CITY-ST-ZIP 7947 NORTHWEST 187 TERRACE
MIAMI, FL 33015 ☐ Delete

TITLE
NAME President
STREET ADDRESS Natividad Diaz
CITY-ST-ZIP 20031 NW 63 CT
miami FL 33015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Natividad Diaz, President Natividad Diaz 1/5/00 305-823-005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #