

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-19-2001 90485 018 ***158.75

DOCUMENT # P96000004218

1. Entity Name

INTERCONTINENTAL MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

5901 NORTHWEST 151 STREET
#1058
MIAMI FL 33014
US

5901 NORTHWEST 151 STREET
#1058
MIAMI FL 33014
US

33982



2. Principal Place of Business

3. Mailing Address

6187 NW 167 St., Unit H15

Suite, Apt. #, etc.
Unit H-15

Suite, Apt. #, etc.
Unit H-15

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number 65-0634843

Applied For
Not Applicable

Zip
33015

Country
USA

Zip
33015

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

NATIVIDAD, DIAZ
20031 NW 63 CT
MIAMI FL 33015

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIAZ, NATIVIDAD
20031 NW 63 CT
MIAMI FL 33015 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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)(f), 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

Date

Daytime Phone #

3/28/01 (BOS) 823-0251

CR2E034 (10/00)