

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000005496

1. Entity Name
KASAI MEDICAL SUPPLIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 13 PM 11:01

Principal Place of Business Mailing Address

8315 SW 162ND CT 8315 SW 162 CT
MIAMI FL 33193 MIAMI FL 33193
US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0636444** 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

GUILLERMO, OSORIO
8315 SW 162 CT
MIAMI FL 33193

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	GUILLERMO, OSORIO	
STREET ADDRESS	8315 SW 162 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSRIO, FLOR	
STREET ADDRESS	8315 SW 162 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

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: Guillermo Osorio **REQUIRED** 9-9-02

CR2E034 (4/02)

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KASAI MEDICAL SUPPLIES, INC.

**8315 SW 162ND CT.
MIAMI, FL 33193**

September 9, 2002

Dear Mr. Dunlap:

Recently I received a Uniform Business Report for the company Kasai Medical Supplies. As president of that company, I must handle any concerns relating to the company.

The report indicated that the filing was late, an additional \$400.00 fee is being added, and it must be sent by September 13, 2002 before an additional \$300.00 will be due. Yet, I never received a Uniform Business Report until recently, so it could not have been filed before the due date.

I am sending to your attention the completed Uniform Business Report with the original fee of \$150.00. Please contact me with your response.

I appreciate your attention and consideration.

Sincerely,

**Guillermo Osorio
President**