

FILED
Feb 05, 2002 8:00 am
Secretary of State

0193038 AV

DOCUMENT #					
P96000009073					
1. Entity Name ADVANCE EQUIPMENT SUPPLIES & PHARMACY, INC.					
Principal Place of Business 2441 N.W. 7TH ST. MIAMI FL 33125 US			Mailing Address 2441 N.W. 7TH ST. MIAMI FL 33125 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
JIMENEZ, ALBERTO J 2441 N.W. 7TH ST. MIAMI FL 33125					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registerd agent:					
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS					
TITLE	PSTD	<input type="checkbox"/> Delete			
NAME	JIMENEZ, ALBERTO J				
STREET ADDRESS	2441 N.W. 7TH ST.				
CITY-ST-ZIP	MIAMI FL 33125				
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City & State		City & State		4. FEI Number 65-0636986 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JIMENEZ, ALBERTO J 2441 N.W. 7TH ST. MIAMI FL 33125				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD JIMENEZ, ALBERTO J 2441 N.W. 7TH ST. MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

(b)(7)(D), (b)(7)(F)