

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90616 032 ***150.00

0142648 AV

DOCUMENT # P96000014214

1. Entity Name

EYCO MEDICAL SUPPLIES, INC.

Principal Place of Business

**5900 W. 20TH AVE. SUITE "C"
HIALEAH FL 33016**

Mailing Address

**5900 W. 20TH AVE. SUITE "C"
HIALEAH FL 33016**

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

65-0641452

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

7. Name and Address of New Registered Agent

BOTET, ORLANDO

1790 79TH ST CAUSEWAY

APT B-108

NORTH BAY VILLAGE FL 33141

Name

BOTET, ORLANDO

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

1800 79TH ST CAUSEWAY

APT A-112

City

NORTH BAY VILLAGE

FL

Zip Code
33141

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, 2002 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 **P BOTET, ORLANDO** ☒ Delete
STREET ADDRESS **1790 79TH ST CASUEWAY, APT B-108**
CITY-ST-ZIP **NORTH BAY VILLAGE FL 33013**

TITLE
NAME **P BOTET, ORLANDO** ☒ Change ☐ Addition
STREET ADDRESS **1800 79TH ST CAUSEWAY, APT A-112**
CITY-ST-ZIP **NORTH BAY VILLAGE, FL 33141**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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]
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/02

Date

786-367-6201

Daytime Phone #

CR2E034 (9/01)