

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018024

1. Entity Name
JR MEDICAL SUPPLIES INC.

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

05-04-2001 90008 046 ***150.00

Principal Place of Business Mailing Address
1801 NW 7 STREET #3 1801 NW 7 STREET #3
MIAMI FL MIAMI FL

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 65-0646972

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

SAMPEDRO, MARGARITA
3240 N.W. 14 STREET
MIAMI FL 33125

Name Sampedro, Margarita
Street Address (P.O. Box Number is Not Acceptable)
741 SW. 64 PKWY.

City Pem. Pines FL Zip Code 33023

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 PD
NAME SAMPEDRO, MARGARITA
STREET ADDRESS 3240 N.W. 14 STREET
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE PD
NAME Sampedro, Margarita
STREET ADDRESS 741 SW. 64 PKWY.
CITY-ST-ZIP Pem. Pines, FL. 33023 ☒ 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 ☐ 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:

Margarita Sampedro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

Daytime Phone #

6/2/2001

CR2E034 (10/00)