

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90151 036 ***150.00

DOCUMENT # P96000082631

1. Entity Name
MEDTECH SUPPLIER, INC.



Principal Place of Business
4152 PINWOOD LANE
WESTON FL 33331
US

Mailing Address
4152 PINWOOD LANE
WESTON FL 33331
US

11012765



2. Principal Place of Business
10021 PINES BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.
C 205

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State

Zip **33024** **Country** **U.S.**

Zip **Country**

4. FEI Number **65-0699580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MANTOAN, AGNALDO
4152 PINWOOD LN
WESTON FL 33331-3815

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **MANTOAN, AGNALDO**
STREET ADDRESS **4152 PINWOOD LANE**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE **VP** ☐ **Delete**
NAME **MANTOAN, RUTE P**
STREET ADDRESS **4152 PINWOOD LANE**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **AGNALDO MANTOAN** **4/17/03 (954) 431-6218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)