

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019435

1. Entity Name

LILY'S MEDICAL SUPPLIES, INC.

Principal Place of Business

Mailing Address

4461 PALM AVE
SUITE B
HIALEAH FL 33014
US

4461 PALM AVE
SUITE B
HIALEAH FL 33012-4031
US

2. Principal Place of Business

330 E. 9 STREET

Suite, Apt. #, etc.
104

City & State
HIALEAH, FL

Zip
33010

Country
U.S.

3. Mailing Address

330 E. 9 STREET

Suite, Apt. #, etc.
104

City & State
HIALEAH, FL

Zip
33010

Country
U.S.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90057 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0743144**

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

CHALA, ARAYMA

~~1380 W 41 ST~~
~~HIALEAH FL 33012~~

Name **ARAYMA CHALA**

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

330 E. 9 STREET

SUITE 104

City **HIALEAH** **FL** Zip Code **33010**

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, 2000 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 STREET ADDRESS CITY - ST - ZIP | P CHALA, ARAYMA 1380 W 41 ST HIALEAH FL 33012 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Arayma Chala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 10/00