

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020675

1. Entry Name

UNIVERSAL HOSPITAL SUPPLY CORP.

158.75

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90324 039 ***158.75

Principal Place of Business

Mailing Address

180 N.W. 114 AVE. UNIT:110
MIAMI FL 33172

180 N.W. 114 AVE. UNIT:110
MIAMI FL 33172

00021860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1840 SW 82 Ave

Suite, Apt. #, etc.

1840 SW 82 Ave

City & State

Miami, FL

City & State

Miami, FL

Zip

33155

Country

US

Zip

33155

Country

US

4. FEI Number 65-0734864

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

SARRIA, MARIO M
180 N.W. 114 AVE, UNIT:110
MIAMI FL 33172

Name

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

1840 S.W. 82 Avenue

City

Miami

FL

Zip Code

33155

8. The above named entry 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 SARRIA, MARIO M ✓
STREET ADDRESS 180 N.W. 114 AVE, UNIT:110
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE
NAME SARRIA, Mario M. ✓ Change ☐ Addition
STREET ADDRESS 1840 SW 82 Avenue
CITY-ST-ZIP Miami, FL. 33155

TITLE VPD
NAME SARRIA, MARCO A ✓
STREET ADDRESS 180 N.W. 114 AVE, UNIT:110
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE
NAME SARRIA, MARCOS A. ✓ Change ☐ Addition
STREET ADDRESS 1840 SW 82 Avenue
CITY-ST-ZIP Miami, FL. 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)