

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90010 006 ***158.75

DOCUMENT # P97000080274

1. Entity Name
ULRICI MEDICINE DISTRIBUTORS INC.

Principal Place of Business
12234 SOUTH WEST 130 STREET
MIAMI FL 33186
US

Mailing Address
P.O. BOX 2335
HIALEAH FL 33012
US

2. Principal Place of Business
1015 W 50 st.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State

4. FEI Number **65-0784913**

Applied For
 Not Applicable

Zip **33012** Country **USA**

Zip Country

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

GONZALEZ, RENE R
1015 WEST 50 STREET
HIALEAH FL 33012

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]*
 Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-30-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **GONZALEZ, RENE R**
 STREET ADDRESS **1015 WEST 50 STREET**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE **D** ☐ Delete
 NAME **GONZALEZ, GLORIA C**
 STREET ADDRESS **1015 WEST 50 STREET**
 CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 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 the same like empowered.

SIGNATURE *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-02 (305)823-4582
 Date Daytime Phone #

CR2E034 (4/02)



Attachment
Ulrici Medicine Dist., Inc.

SINCE 1891

676946
P9700008274

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

This brief letter is just to state that I originally mailed out a check dated 2-13-02 with check number 2254. It was lost in the mail more than likely and has never been cashed by my bank. After speaking with one of your specialists I was told to just go ahead and make a new check for the same amount and resubmit it with this paperwork once again.

Thanks in advance,

Rene Gonzalez