

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005131

1. Entity Name

A.V MEDICAL SUPPLIES INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90328 016 ***150.00

Principal Place of Business

6555 N.W. 36TH STREET.. STE 313
MIAMI FL 33166

Mailing Address

6555 N.W. 36TH STREET.. STE 313
MIAMI FL 33166

2. Principal Place of Business

1840 W. 49th St.

3. Mailing Address

1840 W. 49TH Street

Suite, Apt. #, etc.
706

Suite, Apt. #, etc.
706

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

Dade

Zip

33012

Country

Dade

4. FEI Number

65-0808566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVAJAL, ANGELA MARIE
19866 NW 65 CT
SUITE #313
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

MALGRAT, MARIA C

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

8145 N.W. 187TH TERRACE

City

MIAMI

FL

Zip Code
33015

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

Maria C. Malgrat

04/11/2001

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CARVAJAL, ANGELA MARIE	
STREET ADDRESS	19866 NW 65 CT	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVAJAL, ANGELA MARIE	
STREET ADDRESS	19866 NW 65CT	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALGRAT, MARIA C	
STREET ADDRESS	8145 N.W. 187TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALGRAT, MARIA ANGELES	
STREET ADDRESS	12760 SW. 65TH ST	
CITY-ST-ZIP	MIAMI, FL 33183-1309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE:

Maria C. Malgrat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/11/2001

Daytime Phone #

CR2E034 (10/00)