

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90109 029 ***150.00

A0026272

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P98000010242* ✓

1. Entity Name
MEDICAL SUPPORT SYSTEMS OF S. FLA.

Principal Place of Business *7975 W 25 AVE Bay 5 HIALEAH, FL 33016*

Mailing Address *4562 SW 127 CT MIAMI, FL 33175*

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip **Country**

Zip **Country**

4. FEI Number *65-0809388*

Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent
CARLOS L. LUIS
4562 SW 127 CT
MIAMI, FL 33175

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.

SIGNATURE *[Signature]* **DATE** *2/2/01*

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

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

President & Treasurer

| | | | | |
|-------|----------------|----------------|----------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| | CARLOS L. LUIS | 4562 SW 127 CT | MIAMI FL 33175 | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|-------|------|----------------|-------------|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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: *[Signature]* **CARLOS L. LUIS** **DATE** *2/2/01* **Daytime Phone #** *305 975 5999*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)