

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106487

1. Entity Name

SUNSHINE MEDICAL & DENTAL SUPPLIES, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90928 003 ***158.75

Principal Place of Business

Mailing Address

%1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

%1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

211 NW 5 Ave

3. Mailing Address

P.O. Box 450549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Sunrise FL

Zip

33009

Country

USA

Zip

33345

Country

USA

4. FEI Number 65-0883115

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

SILVERS, ROBERT H

%1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

Name FREDERICK B GOMER

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

3301 NW 97th Terr

City Sunrise

FL

33351

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

Fredrick B Gomer

Secy/Treas

4-26-01

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	D	<input type="checkbox"/> Delete
NAME	SPELIOS, LOUIS G	
STREET ADDRESS	%1140 KANE CONCOURSE FIFTH FLOOR	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
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		

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis G Spelios	
STREET ADDRESS	211 NW 5 Ave	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Secy/Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fredrick B Gomer	
STREET ADDRESS	3301 NW 97th Terr	
CITY-ST-ZIP	Sunrise, FL 33351	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

954-457-4848

Daytime Phone #

CR2E034 (10/00)