

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009767

1. Entity Name

ALFA - DELTA PROFESSIONAL AND HOME MEDICAL SUPPL

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90218 018 ***150.00

Principal Place of Business

Mailing Address

221 S.W. 22ND AVENUE
SUITE 206
MIAMI FL 33135

221 S.W. 22ND AVENUE
SUITE 206
MIAMI FL 33135-1544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3526 W. Flagler St.
Suite, Apt. #, etc.

3526 W. Flagler St.
Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0891092

Applied For

Not Applicable

Zip

Country

33135

State

Zip

Country

33135

State

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

GELBART, HELBA Y
2025 N.E. 64TH ST.
#307
NORTH MIAMI, FL 33162

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, 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, 2000 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	<input type="checkbox"/> Delete
NAME	GELBERT, HELGA Y	
STREET ADDRESS	2025 N.E. 164TH ST. #307	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GELBERT, DAVID L	
STREET ADDRESS	2025 N.E. 164TH ST. #307	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELAVAL, JUAN J	
STREET ADDRESS	50 WEST 30TH ST. #5	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)