

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000020748

1. Entity Name

**PHLEBOTOMY NOW, INC**



**FILED**

03 APR 25 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7911 NW 72nd AVE**

Suite, Apt. #, etc.

**UNIT 118B**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MEDLEY, FLORIDA**

City & State

4. FEI Number

**65-0903362**

Applied For

Not Applicable

Zip

**33166**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**JOSE E. SUAREZ**

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

**7911 NW 72nd AVE / UNIT 118B**

City

**MEDLEY**

FL

Zip Code

**33166**

**DO NOT WRITE  
IN THIS SPACE**

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

*Jose E Suarez*

04/23/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JOSE E. SUAREZ  
7911 NW 72nd AVE/UNIT 118B  
MEDLEY, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**100018668531  
05/09/03--01020--014 \*\*300.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CONSUELO CORRECHETTE  
7911 NW 72nd AVE/UNIT 118B  
MEDLEY, FL 33166**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jose E Suarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2003

Date

Daytime Phone #

CR2E034B (12/02)


2012

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 600.00 for the annual report fee with my application.

Since February 01 2000, we moved to 7911 NW 72<sup>nd</sup> Ave-Unit 118B-Medley, FL 33166 and we did not receive the U.B.R. for the years, 2000, 2001, 2002 and 2003, or any other notice from the Division of Corporations in respect with the Corporation **PHLEBOTOMY NOW, INC.**

Thank you for your courtesy in this matter.

  
**JOSE E. SUAREZ**  
**PRESIDENT**