

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034085

1. Entity Name

ELIMAR MEDICAL SUPPLIES, INC.

Principal Place of Business

6595 N.W. 36 ST., STE. 315
MIAMI FL 33166

Mailing Address

6595 N.W. 36 ST., STE. 315
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0912168

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, NESTOR
6595 N.W. 36 ST., STE. 315
MIAMI FL 33166

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, 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 PD
NAME RODRIGUEZ, NESTOR
STREET ADDRESS 6595 N.W. 36 ST., STE. 315
CITY-STATE-ZIP MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
900004614299-9
-09/27/01-01088-002
***\$150.00 ***\$150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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 of this report.

SIGNATURE *Nestor Rodriguez*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 24 PM 3:56



DO NOT WRITE IN THIS SPACE

PROFESSIONAL BUSINESS ACCOUNTING, INC.
312-A S. W. 12TH AVENUE, MIAMI, FLORIDA 33130
305-642-3679 305-642-3992/FAX EMAIL: vamean@aol.com

September 14, 2001

**Division of Corporations
Secretary of State
P. O. Box 6327
Tallahassee, Florida 32314
ATTN: Sean Toner**

Dear Mr. Toner:

As per our telephone conversation I am enclosing the annual reports that we recently found sent to a client of ours by mistake.

Attached are the checks and the documents. Should there be any problems with the actual reports please contact me as soon as possible. If any of the checks are returned not paid by the bank then you need to contact the actual client to make the checks valid.

Please do your best possible to have all these checks deposited as soon as possible.

Thank you for your assistance and attention.

Sincerely,


**Lawrence G. Herrero, President
Professional Business Accounting, Inc.**