

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039728

1. Entity Name  
M G MEDICAL SUPPLIES, INC.

Principal Place of Business

6555 N.W. 36 ST.  
STE. 317  
MIAMI FL 33166

Mailing Address

6555 N.W. 36 ST.  
STE. 317  
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

6. Name and Address of Current Registered Agent

CARVAJAL, ANGELA  
6555 N.W. 36 STREET  
STE 317  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name  
CARVAJAL, ANGELA

Street Address (P.O. Box Number is Not Acceptable)  
19866 NW. 65 CT

STE 317

City  
MIAMI

FL

Zip Code  
33166

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 *Angela Carvajal* 09/25/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CARVAJAL, ANGELA  
6555 N.W. 36 STREET, STE 317  
MIAMI FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/S/D -CARVAJAL, ANGELA  
19866 NW. 65 CT. STE 317  
MIAMI, FL. 33166 ☒ Change ☐ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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 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

9/25/00

Date

(305) 9756709

Daytime Phone #

FILED  
00 NOV 14 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

65-0915809

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E034 (5/00)