FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91234 015 ***150.00

DOCUMENT # P99000039728

1. Entity Name
M.G. MEDICAL SUPPLIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6555 NW 36th STREET
Suite, Apt. #, etc.
317
City & State
MIAMI, FL
Zip
33166
Country

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0915809
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent CURRENT
Name
GERARDO BELLO
Street Address (P.O. Box Number Is Not Acceptable)
6555 NW 36th STREET- SUITE 317
City
MIAMI, FL
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
Signature, typed or printed name of registered agent and title if applicable (DATE: Registered Agent signature required when restated) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PV ST GERARDO BELLO 6555 NW 36th STREET SUITE #317 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERARDO BELLO 6555 NW 36th ST Suite #317 Miami, Fl 33166
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 04/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

ATTACH # P99000039728 / 659585

Florida Profit

M G MEDICAL SUPPLIES, INC.

PRINCIPAL ADDRESS
6555 N.W. 36 ST.
STE. 317
MIAMI FL 33166
Changed 08/17/1999

MAILING ADDRESS
6555 N.W. 36 ST.
STE. 317
MIAMI FL 33166
Changed 08/17/1999

Document Number P99000039728	**FEI Number** 650915809	**Date Filed** 05/03/1999
State FL	**Status** ACTIVE	**Effective Date** NONE
Last Event AMENDMENT	**Event Date Filed** 10/19/2001	**Event Effective Date** NONE

Registered Agent

Name & Address
BELLO, GERARDO 6555 N.W. 36 ST. STE. 317 MIAMI FL 33166
Name Changed: 10/19/2001
Address Changed: 03/29/2001

Officer/Director Detail

Name & Address	Title
BELLO, GERARDO T 6555 NW 36TH STREET, SUITE 317	PVDS