

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000060413**

1. Entity Name

**ADVANCED DISPOSABLE SUPPLIES INC.****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90035 046 \*\*\*150.00

Principal Place of Business

Mailing Address

6666 SW 115TH CT.  
#110  
MIAMI FL 331736666 SW 115TH CT.  
#110  
MIAMI FL 33173-4735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0933468

Applied For

Not Applied For

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

DELGADO, IRMA  
6666 SW 115TH CT.  
#110  
MIAMI FL 33173

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

TITLE ☐ DeleteNAME  
D  
DELGADO, IRMA  
STREET ADDRESS  
13874 SW 41ST TERRACE  
CITY-ST-ZIP  
MIAMI FL 33176TITLE ☐ DeleteNAME  
D  
ACOSTA, KATIA  
STREET ADDRESS  
6666 SW 115TH CT. #110  
CITY-ST-ZIP  
MIAMI FL 33173TITLE ☐ DeleteNAME  
D  
GARCIA, ILEANA  
STREET ADDRESS  
6666 SW 115TH CT. #110  
CITY-ST-ZIP  
MIAMI FL 33173TITLE ☐ DeleteNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
TITLE ☐ DeleteNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
TITLE ☐ DeleteNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
TITLE ☐ Change ☐ AdditionNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
TITLE ☐ Change ☐ AdditionNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
TITLE ☐ Change ☐ AdditionNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
TITLE ☐ Change ☐ AdditionNAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP  
  
TITLE ☐ Change ☐ AdditionNAME  
  
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:****ILEANA GARCIA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/00

Date

305-557-3738

Daytime Phone #