

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000072381**

1. Entity Name

**KRESS MEDICAL SERVICES INC.**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90045 034 \*\*\*150.00

Principal Place of Business

Mailing Address

**11401 SW 40 ST #330**  
**Miami FL 33165**

2. Principal Place of Business

**SAME.**

3. Mailing Address

**SAME.**

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

**65-0941237**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JUAN F. CARVAJAL**

7. Name and Address of New Registered Agent

Name **JUAN F. CARVAJAL**

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

**11401 SW 40 ST #330**

City **Miami**

**FL**

Zip Code **33165**

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 date if applicable

(NOTE: Registered Agent Signature required after filing statement)

**2/14/00**

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

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PRESIDENT	JUAN F. CARVAJAL	11401 SW 40 ST #330	Miami FL 33165	<input type="checkbox"/>
SECRETARY	JUAN F. CARVAJAL	11401 SW 40 ST #330	MIA FL 33165	<input type="checkbox"/>
TREASURER	JUAN F. CARVAJAL	11401 SW 40 ST #330	MIA FL 33165	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**2/14/00. 305559-4134**

CR2E034 (9/99)