## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P99000072498 1. Entity Name G & Z MEDICAL SUPPLIES, INC. 03-19-2001 90448 011 \*\*\*150.00 Mailing Address Principal Place of Business 3241 NW 7TH ST 3241 NW 7TH ST MIAM! FL 33125 MIAMI FL 33125 817640 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0940844 Not Applicable Country \_\_Zip Country Zip \$8.75 Additional 5.- Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUAREZ, GEORGINA M Street Address (P.O. Box Number is Not Acceptable) 120 N.W. 48TH COURT **MIAMI FL 33126** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition ۷D TITLE TITLE ☐ Delete TAPANES, SIXTA Z NAME NAMÉ STREET ADDRESS 3891 S.W. 133 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Addition Change ☐ Delete TITLE TITLE SUAREZ, GEORGINA M NAME NAME STREET ADDRESS 120 N.W. 48TH COURT STREET ADDRESS CITY\_ST-ZIP OITY-ST-7IP MIAMI-FL 33126-Addition\* ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Daytime Phone #