# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077576

1. Entity Name

LAKES MEDICAL SUPPLIES AND DISTRIBUTION, INC.

**FILED**
**May 20, 2000 8:00 am**
**Secretary of State**

05-20-2000 90011 042 ***150.00

| Principal Place of Business | Mailing Address |
|---|---|
| 7425 NW 4TH STREET<br>PLANTATION FL 33317 | 7425 NW 4TH STREET<br>PLANTATION FL 33317-2204 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7215 GLENEAGLE DR | 7215 GLENEAGLE DR |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI LAKES, FL | City & State: MIAMI LAKES, FL |
| Zip: 33014 / Country: USA | Zip: 33014 / Country: USA |

4. FEI Number: 65-0943427 — Applied For ☐ Not Applicable ☐

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 |
|---|---|
| DIVETO, CHARLES M JR.<br>7425 NW 4TH STREET<br>PLANTATION FL 33317 | Name: CHARLES WRONSKI<br>Street Address (P.O. Box Number is Not Acceptable): 7215 GLENEAGLE DR<br>City: MIAMI LAKES FL Zip Code: 33014 |

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: Charles Wronski CHARLES WRONSKI 4-28-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VIDETO, CHARLES M JR.<br>7425 NW 4TH STREET<br>PLANTATION FL 33317<br>☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D-P<br>CHARLES WRONSKI<br>7215 GLENEAGLE DR<br>MIAMI LAKES, FL 33014<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D-S/T<br>EDWINA WRONSKI<br>7215 GLENEAGLE DR<br>MIAMI LAKES, FL 33014<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Wronski — CHARLES WRONSKI 4-28-00 305 681 7042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #