

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90056 019 ***150.00

DOCUMENT # P99000077576

1. Entity Name

LAKES MEDICAL SUPPLIES AND DISTRIBUTION, INC.

Principal Place of Business

7215 GLENDALE DR
MIAMI LAKES FL 33014

Mailing Address

7215 GLENDALE DR
MIAMI LAKES FL 33014

L0047832

2. Principal Place of Business

7215 GLENEAGLE DR

Suite, Apt. #, etc.

3. Mailing Address

7215 GLENEAGLE DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL4. FEI Number **65-0943427**

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WRONSKI, CHARLES
7215 GLENDALE DR
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

CHARLES WRONSKI

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

7215 GLENEAGLE DR

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***4-12-01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **WRONSKI, CHARLES**
STREET ADDRESS **7215 GLENDALE DR**
CITY-ST-ZIP **MIAMI LAKES FL 33014**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **CHARLES WRONSKI**
STREET ADDRESS **7215 GLENEAGLE DR**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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:

*Charles Wronski***CHARLES WRONSKI****4-12-01****305 823 3654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)