

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000095179**
 Entity Name
Professional Medical Supplies Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

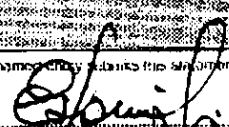
2. Principal Place of Business
10691 SW 88 ST
 Suite, Apt. & Occ.
Suite # 203
 City & State
Miami, FL
 Zip
33176 Country
USA

3. Mailing Address
10691 SW 88 ST
 Suite, Apt. & Occ.
Suite # 203
 City & State
Miami, FL
 Zip
33176 Country
USA

4. FCI Number
65-0957914

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

7. Name and Address of Current Registered Agent
 Name
Alberto Gonzalez
 Street Address (P.O. Box Number is Not Acceptable)
5008 Collins Ave # 1115
 City
Miami Beach FL Zip Code
33140

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
06/24/02

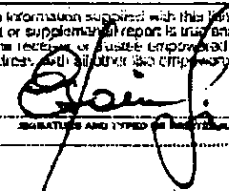
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	President Alberto Gonzalez 5008 Collins Ave # 1115 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY, ST, ZIP	Vice-President Alberto A Gonzalez 8415 SW 107 Ave # 820W Miami, FL 33173
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, Florida Statutes; and that my name appears in Block 11 or 11a in accordance with an address with all other the corporation.

SIGNATURE  DATE
06/24/02

FILED

02 JUN 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR25045 (12/01)