

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099119

1. Entity Name

STEPHANIE MEDICAL SUPPLIES, CORP.

Principal Place of Business

962 NW 135 CT.
MIAMI FL 33182

Mailing Address

962 NW 135 CT.
MIAMI FL 33182-2269

2. Principal Place of Business

13903 SW 66 St.

Suite, Apt. #, etc.

3. Mailing Address

13903 SW 66 St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0960329

Applied For

Not Applicable

Zip

33183

Country

Zip

33183

Country

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

ACANDA, OLIVIA
962 NW 135 CT.
MIAMI FL 33182

Name

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

City

FL

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

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, 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACANDA, OLIVIA | NAME | |
| STREET ADDRESS | 962 NW 135 CT. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33182 | CITY-ST-ZIP | |
| TITLE | VSTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACANDA, ROSENDO | NAME | |
| STREET ADDRESS | 962 NW 135 CT. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33182 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olivia Acanda - President 4/28/00

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90066 024 ***150.00

00001730



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)