

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099722

1. Entity Name

GREAT ALLIANCE MEDICAL SUPPLIES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90055 015 ***158.75

Principal Place of Business

4041 N.W. 135 ST.
NORTH MIAMI FL 33054

Mailing Address

4041 N.W. 135 ST.
NORTH MIAMI FL 33054-4609

2. Principal Place of Business

4041 N.W. 135th Street
Suite, Apt. #, etc.

3. Mailing Address

4041 N.W. 135th Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OPA LOCKA, FL

City & State
OPA LOCKA, FL

4. FEI Number
65-0961734

Applied For
Not Applicable

Zip
33054

Country
U.S.A.

Zip
33054

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

ESCALANTE, JUAN
160 N.W. 143 ST
NORTH MIAMI FL 33054

7. Name and Address of New Registered Agent

Name
ESCALANTE, JUAN J.

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

160 N.W. 143RD Street

City North Miami FL Zip Code 33168

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

TITLE PD
NAME ESCALANTE, JUAN
STREET ADDRESS 160 N.W. 143 ST
CITY-ST-ZIP NORTH MIAMI FL 33168 ☐ Delete

TITLE VPD
NAME ESCALANTE, MERCEDES
STREET ADDRESS 160 N.W. 143 ST
CITY-ST-ZIP NORTH MIAMI FL 33168 ☐ Delete

TITLE SD
NAME LORA, ANA
STREET ADDRESS 160 N.W. 143 ST
CITY-ST-ZIP NORTH MIAMI FL 33168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

Daytime Phone #

CR2E034 (9/99)