

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099722

1. Entity Name

GREAT ALLIANCE MEDICAL SUPPLIES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4173 N.W. 135th St

Suite, Apt. #, etc.

3. Mailing Address

4173 NW 135th St

Suite, Apt. #, etc.

City & State

OPALOCKA, FL

Zip

33054

Country

USA

City & State

OPALOCKA, FL

Zip

33054

Country

USA

4. FEI Number

65-0961734

Applied For

Not Applicable

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  
N. MIAMI FL 33168

7. Name and Address of New Registered Agent

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

2/21/01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0121112

CR2E034 (10/00)