

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109852

1. Entity Name

FINEST MEDICAL SALES & SERVICES INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90003 003 ***550.00

Principal Place of Business

1144 N.W. 7TH STREET
MIAMI FL 33136

Mailing Address

1144 N.W. 7TH STREET
MIAMI FL 33136

2. Principal Place of Business

2570 WEST 84th STREET
Suite, Apt. #, etc.

3. Mailing Address

2570 WEST 84th STREET
Suite, Apt. #, etc.

City & State

HIALEAH, FL 33016
Zip Country
33016 DADE

City & State

HIALEAH, FL 33016
Zip Country
33016 DADE

4. FEI Number

65 0968975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALAU, EDI
1144 N.W. 7TH STREET
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name

PALAU, EDI

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

2570 WEST 84th STREET

City

HIALEAH,

FL

Zip Code

33016

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.

EDI PALAU (PRESIDENT)

7/6/00

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSD
NAME PALAU, EDI
STREET ADDRESS 1144 N.W. 7TH STREET
CITY-ST-ZIP MIAMI FL 33136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

(305) 364-9030

Date

Daytime Phone #

CR2E034 (5/00)