

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90373 011 ***150.00

DOCUMENT # S16924

1. Entity Name
MULTI CARE MEDICAL SUPPLIES INC.

Principal Place of Business

**877 WEST 29 STREET
HIALEAH FL 33012
US**

Mailing Address

**877 WEST 29 STREET
HIALEAH FL 33012
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0232528**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESA, MARLENYS
877 WEST 29 STREET
HIALEAH FL 33012**

Name

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

1360 W. 41ST #203

City

Hialeah

FL

Zip Code

33012

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, 2002 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

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **MESA, MARLENYS**
CITY-ST-ZIP **75 W 13TH ST APT 2
HIALEAH FL 33010**

TITLE ☐ Change ☐ Addition
NAME **P/DIST**
STREET ADDRESS **Mesa Marlenys**
CITY-ST-ZIP **1360 W. 41ST #203
Hialeah FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)