

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63339

1. Entity Name

SERVIMED-CARE SUPPLIES, INC.

Principal Place of Business

17421 SW 18 ST  
HOLLYWOOD FL 33025

Mailing Address

17421 SW 18 ST  
HOLLYWOOD FL 33029-5531

2. Principal Place of Business

7541 NW 70 ST

Suite, Apt. #, etc.

3. Mailing Address

7541 NW 70 ST

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

FL 33166

Country

USA

Zip

FL 33166

Country

USA

6. Name and Address of Current Registered Agent

CUELLAR, ANGEL  
703 EAST 9TH ST.  
HIALEAH FL 33010

4. FEI Number

65-0437325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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, 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	PDT	<input type="checkbox"/> Delete
NAME	CUELLAR, ANGEL	
STREET ADDRESS	703 E. 9 ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

305-974-4102

Daytime Phone #

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90004 019 \*\*\*150.00

C0034032



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)