2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **V48898** T. G. F. MEDICAL SUPPLIER, INC. 04-14-2000 90120 048 ***150.00 Principal Place of Business Mailing Address 7105 SW 8TH ST. 7105 SW 8TH ST. SUITE 309 SUITE 308 MIAMI FL 33144 MIAMI FL 33144-4664 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0344339 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMIREZ, JULIO Street Address (P.O. Box Number is Not Acceptable) 8121 SW 149 AVE **MIAMI FL 33193** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PD TITLE ☐ Delete TITLE RAMIREZ, JULIO NAME NAME STREET ADDRESS 8121 SW 149 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Change ☐ Addition TITLE Delete DEDIEU MAX NAME NAME STREET ADDRESS STREET ADDRESS 8121SW.149 AV CITY-ST-7IP : MAMI. FL 33193 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 rustee 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. C. KAMIREZ 01/03/2000

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO