

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90022 016 ***150.00

DOCUMENT # P94000093410

1. Entity Name

DOCTORS MEDICAL SUPPLIES, INC.

Principal Place of Business

#26 CALLE FERNANDEZ
#26
GARCIA LUQUILLO 00713
US

Mailing Address

3636 SW 87TH AVENUE
MIAMI FL 33165

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

65-0542193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMRUD RIOS, RABINDRANAUT
8357 W. FLAGLER ST. #345
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name **Amrud Rios, Rabindranaut**
 Street Address (P.O. Box Number is Not Acceptable) **3636 SW 87 Ave.**
 City **Miami, FL** Zip Code **33165**

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

01/15/02

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

TITLE **P** ☐ Delete
 NAME **AMRUD RIOS, RABINDRANAUT R**
 STREET ADDRESS **AVE. MIGUEL PON PASEO DEL REY APT. 2502**
 CITY-ST-ZIP **PONCE PR 00731**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
 NAME **AMRUD RIOS, RABINDRANAUT R**
 STREET ADDRESS **Calle D Casa 4**
 CITY-ST-ZIP **Los Paisajes, Luquillo, PR 00773**

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

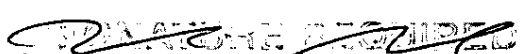
TITLE ☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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

01/15/02
 Date

Daytime Phone #

CR2E034 (9/01)