

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077018

1. Entity Name

A & C HEALTH SERVICES, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90012 010 \*\*\*158.75

Principal Place of Business

7801 SW 35TH TERRACE  
MIAMI FL 33155

Mailing Address

7801 SW 35TH TERRACE  
MIAMI FL 33155

2. Principal Place of Business

802 NW 87th Ave

3. Mailing Address

802 NW 87th Ave

Suite, Apt. #, etc.

Apt. 414

Suite, Apt. #, etc.

Apt. 414

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

Dade

Zip

33172

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1031676

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR.  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

Silvia Yolanda Cespedes

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

7801 SW 35th Terrace

City

Miami

FL

Zip Code

33155

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, 2001 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 **CESPEDES, SILVIA YOLANDA**  
STREET ADDRESS **7801 SW 35TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **MARIA ANTONIA ALOISE** ☐ Delete  
NAME **MARIA ANTONIA ALOISE**  
STREET ADDRESS **7801 SW 35TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33155 VP**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

*Silvia Y. Cespedes, President (305) 265-1301*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)