

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

112

DOCUMENT # P04000013742
1. Entity Name
SAMY NURSING CORP.

FILED
Oct 18, 2005 8:00 A.M.
Secretary of State

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------------|
| 2. Principal Place of Business 5801 W 2nd CT Suite, Apt. #, etc. | | 3. Mailing Address 5801 W 2nd CT Suite, Apt. #, etc. | |
| City & State HIALEAH, FL | | City & State HIALEAH, FL | |
| Zip 33012 | Country | Zip 33012 | Country US |

DO NOT WRITE IN THIS SPACE
4/26/05 90131 016 150.00
4. FEI Number 20-0647271
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
ERNESTO DIAZ
Street Address (P.O. Box Number is Not Acceptable)
5801 W 2ND CT
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 of Registered Agent or Director (Not Acceptable) (NOTE: Registered Agent signature required when registering) **DATE** _____

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

11. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE PSD NAME ERNESTO DIAZ STREET ADDRESS 5801 W 2nd CT CITY - ST - ZIP HIALEAH, FL 33012 | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE VD NAME MAURA SALGADO STREET ADDRESS 5801 W 2nd CT CITY - ST - ZIP HIALEAH, FL 33012 | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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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 603, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other information empowered.

SIGNATURE: _____ **10/07/05 4/21/05 (706) 426-0507**
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

212

SAMMY NURSING CORP
5801 NW 2ND CT
HIALEAH, FL. 33012

October 7, 2005

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

ATTN: REINSTATEMENT SECCION

RE: Samy Nursing Corp
Doc#: P04000013742

Dear Sir/Madam:


I have received the attached Notice of Dissolution of our Corporation, and as I have sent the Annual report as well as the payment on 4/21/05, I called to your office and talked to Mrs. Tina.

She informed me that you send me a letter on May 10 returning the Annual Report to be rectified. I have never received such letter, and as you can see by the attached photocopy our check for \$150.00 was deposited by you and paid by our bank on 04/26/2005.

I am requesting your help in solving the situation, waiving the payment of any penalty due to the fact that I had never received your letter. Attached you will find a complete Annual Report form.

In case you could need any additional information please contact our office at: (305)698-6318.

Thanks in advance for your help in the solution of this problem.



Ernesto Diaz
President