

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

FILED

02 NOV -6 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57615**
1. Entity Name **ACS Medical Sales Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7266 N.W. 66 ST.		3. Mailing Address 7266 N.W. 66 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0180806	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **JEFFREY M. FINE**
Street Address (P.O. Box Number is Not Acceptable) **2222 PONCE DE LEON BOULEVARD**
Penthouse Suite
City **CORAL GABLE** FL Zip Code **33134**

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 _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE P. PRESIDENT	NAME Lydia D. Santiago	TITLE 600008815856	NAME 11/06/02--01005--001 **150.00
STREET ADDRESS 15292 S.W. 104 ST #1128	CITY-ST-ZIP Miami, Florida 33196	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lydia D. Santiago** **Lydia D. Santiago** **Oct. 31/02 (305) 477-7774**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034B (12/01)

ACS MEDICAL SALES INC.
7266 N.W. 66 STREET
MIAMI, FLORIDA 33166
TEL. (305) 477-7774 FAX. (305) 477-8239

October 30, 2002

Florida Department of State-Division of Corporations
To Whom It May Concern:

I, Lydia D. Santiago, the sole owner of ACS Medical Sales, Inc. am writing to explain why you never received the renewal payment for the corporation.

Every year we pay through our accountant and we were not notified that the accountant did not pay this year. We have just started using the services of our new accountant, William Moragues-Income Tax-Notary Public, this year. I travel every month overseas, due to a recurring heart condition. Included are copies of my plane tickets. Since the opening of my company, this is the first time we have been in violation.

I am including payment and all forms required to reestablish my corporation.

Sincerely,



Lydia D. Santiago
Owner, ACS Medical Sales, Inc.