

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-09-2003 90116 044 ***150.00
L57615

DOCUMENT # **L57615**

1. Entity Name
ACS MEDICAL SALES, INC.



*FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 11 AM 10:59

Principal Place of Business
**7266 N.W. 66TH STREET
MIAMI FL 33166**

Mailing Address
**7266 N.W. 66TH STREET
MIAMI FL 33166**

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 **65-0180806**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINE, JEFFREY M
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P SANTIAGO, LYDIA D** ☐ Delete
STREET ADDRESS **15292 SW 104 ST #1128**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE
NAME **300022944833** ☐ Change ☐ Addition
STREET ADDRESS **09/11/03--01008--007**
CITY-ST-ZIP ****400.00**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-0003

Date

305-471-7774

Daytime Phone #

CR2E034 (10/02)