

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108985

1. Entity Name

A & C DIALYSIS SERVICE NETWORK INCORPORATED

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90002 007 ***550.00

0004156

Principal Place of Business
1221 SW 27 AVE
MIAMI FL 33139

Mailing Address

1221 SW 27 AVE
MIAMI FL 33139

2. Principal Place of Business

1221 S.W. 27 AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 142027

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

Miami - Dade

City & State

Coral Gables, FL

Zip

33114

Country

Miami Dade

4. FEI Number

65-1078583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRERO, RAMIRO SR
1221 SW 27 AVE
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name
RAMIRO MARRERO JR.

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

260 Cocoplum Rd.

City

Coral Gables

FL

Zip Code

33443

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

Ramiro Marrero Jr.

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

(NOTE: Registered Agent signature required when reinstating)

6/25/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, RAMIRO SR	
STREET ADDRESS	PO BOX 142027	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARRERO, RAMIRO JR	
STREET ADDRESS	PO BOX 142027	
CITY-ST-ZIP	CORAL GABLES FL 33114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ramiro Marrero Jr.

6/25/01

Date

(305) 458-7043

Daytime Phone

CR2E034 (10/00)