

2002 UNIFORM BUSINESS REPORT, (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-09-2002 90023 025 ***158.75

DOCUMENT # P01000074324

1. Entity Name

ALL DURABLE MEDICAL EQUIPMENTS CORP.

Principal Place of Business

**7500 WEST FLAGLER ST.
 MIAMI FL 33144**

Mailing Address

**7500 WEST FLAGLER ST.
 MIAMI FL 33144**

39826

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number

65-1125121

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SANTACRUZ-PACHECO, DALIA
 7120 SW 17TH TERR
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANTACRUZ-PACHECO, DALIA 7500 WEST FLAGLER ST. MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOTO, ULISES A 7500 WEST FLAGLER ST. MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7120 S.W. 17 TERR MIAMI, FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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: S. S. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/02

Date

(305) 262-5032

Daytime Phone #

Attachment

39826

July 22, 2002

DIVISION OF CORPORATION
UNIFORM BUSINESS REPORT
P.O.BOX 1500

Tallahassee, Fl. 32302-1500

SUBJECT 2,002 UNIFORM BUSINESS REPORT

Document # P01000074324

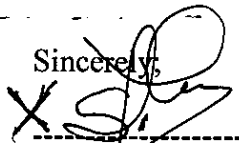
We would like to inform the Department of Corporation that we have not received in time the green page to update our corporation for the year 2,002. The address 7590 West Flagler St. is not in use, because the city of Miami has not issued the operational license. The house is not open and the mail box is not checked Every day , weekly or monthly, because business is not going up.

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise us to explain as soon as posible the missing document (2,002 U.B.R.) .

We are including the 2,002 U. B. R.(Blank copy) provided by our Accountant.
And the corresponding fee.

We need some understanding. Thanks

Sincerely,



Dalia SantaCruz-Pacheco

Note: My Address and Phone number is..

7120 S.W. 17 Terr.
Miami, Fl. 33155
(305) 262-5032