

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

FILED

04 JAN -9 PH 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000069676

1. Entity Name

All Day Medical Services, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12900 SW 191ST

Suite, Apt. #, etc.

3. Mailing Address

12900 SW 191ST

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33177

Country

Zip

33177

Country

4. FEI Number

42-1541081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Roberto U. Acosta

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

12900 SW 191ST

City

Miami

FL

Zip Code

33177

**DO NOT WRITE
IN THIS SPACE**

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, 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)

☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP

President
Aguilar, David
12900 SW 191ST

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400026604844
01/09/04-01044-007 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Miami, FL 33177

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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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaquilar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

JANUARY 2, 2004.

DIVISION OF CORPORATIONS
REINSTATEMENT DEPARTMENT
P.O. BOX 6327
Tallahassee, FL. 32314

**Ref: ALL DAY MEDICAL SERVICES, INC
FEIN 42-1541081**

Dear sirs:

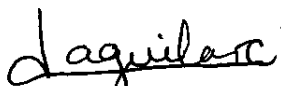
ALL DAY MEDICAL SERVICES, INC, already sent you its Annual Report on April 22 with a check payable to you for \$ 150.00 that was never cashed . Concerned about this, I called you on May 21st asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

Today, after verifying my corporation is inactive I called again and I have been requested to send you a letter explaining this issue and a check for \$ 150.00.

Please I am requesting to waive the penalties and reinstate My Corporation

Thank you very much for your attention to this matter.

Sincerely,



DAVID AGUILAR
ALL DAY MEDICAL SERVICES, INC