

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000092792

1. Entity Name

ALL CARE MEDICAL EQUIPMENT & SUPPLIES, INC.

6201 SW 131 CT, APT. 203
MIAMI, FL 33183

6201 SW 131 CT, APT. 203
MIAMI, FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

4. FEI Number

27-0026677

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

700021999447
08/04/03--01006--027 **150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 11 PM 5:14

RODRIGUEZ, ILEANA M
6201 SW 131 CT, APT. 203
MIAMI, FL 33183

7. Name and Address of Current Registered Agent

Name

RODRIGUEZ, ILEANA M

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

655 W. FLAGLER STREET SUITE 101

City

MIAMI

FL

Zip Code 33130

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]

7/7/03

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

(NOTE: Registered Agent signature required when translating)

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 \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 1
Added to Fees

11. OFFICERS AND DIRECTORS

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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 attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

7/7/03 (303) 262-7837

Date

Ulysses Prentiss

**All Care Medical Equipment
& Supplies, Inc.**

July 8, 2003

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please be advised that we did not receive any correspondence from your office, hence why the 2003 filing fee was overlooked. Enclosed please find a check in the amount of \$150.00 for the 2003 Uniform Business Report fee. If you should have any questions or require additional information, do not hesitate to contact the undersigned.

Sincerely,



Ileana M. Rodriguez, President
All Care Medical Equipment & Supplies, Inc.